13614 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

13605

| 1.            | PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before add   | mission)               |
|---------------|--|--|------------------------|
|               | o. COUNTY Ceci/ MARYLAND   | o. STATE Md. b. COUNTY Zecil   |                        |
|               | b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t   | own)                   |
|               | d. NAME OF HOSPITAL (If not in hospital, give street address) or NSTITUTION OF DITAL   | 2 rd CL 01   | RESIDENCE<br>N A FARM? |
| 3.            | NAME OF DECEASED (Type or print) FREA (1)  | BEISWANGER DEATH DEC. 18   | Yeor                   |
| 5.            | SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED  | 8. DATE OF BIRTH  P. AGE (In years IF UNDER 1 YEAR IF UI lost birthday)  P. AGE (In years IF UNDER 1 YEAR IF UI lost birthday)  P. AGE (In years IF UNDER 1 YEAR IF UI lost birthday)  P. AGE (In years IF UNDER 1 YEAR IF UI lost birthday) | NDER 24 HRS.           |
| 10            | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  Tore Owner Stationery Stationery   | JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WH  | A COUNTRY?             |
| 13            | John Beiswanger  | 14. MOTHER'S MAIDEN NAME Sarah Weber   |                        |
| 15            |  | Mrs, Fred Beiswanser d   | 1 4 5 20 0 0           |
|               | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  (b)  DUE TO  DUE TO  (c) |  | ntte                   |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  |  | AS AUTOPSY<br>RFORMED? |
|               | 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | ED. (Enter nature of injury in Part I or Part II of item 18.)  |                        |
| MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to twork to twork to twork to two two two two two two two two two  | ACE OF INJURY (Home, form, 20f. (City or town) (County)  | (Stote)                |
|               | ACTUAL SHO STATE IN A  | n occurred at ADDRESS (Street, city or town, state)  |                        |
|               | PHYSICIAN'S HENRY VID AUIS MD  | CHESARERKE CITY M  | D                      |
| L             | REMOVAL (Specify) 12/2//58 Bethe C   | em. Bethel N   | Stole)                 |
| 23.           | EUNERAL DIRECTOR'S SIGNATURE Walte du Bose, L. Elkton,   | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 2 9 '58 Cutting S. Knaue.  |                        |

d be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 OR: After this certificate has been signed by the attending physician and completely filled in by the ached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 strourial, cremation, ar remaval, and in any event within 72 hours offer death. may be retained by TO FUNERAL DIRECT page 3 should by TO HOSPITAL OR

the registrar pria

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DIRECTOR PAGE 3 Should be the registrar priar re

VS A15 (4) 15M 10/57

TO HOSPITAL OR

# 3

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13605

13628 CERTIFICATE OF DEATH

| Reg. | Dist. | No. | 96 |
|------|-------|-----|----|

|                       | CITY OR TOWN (   | Cecil f outside corporate lim   | ils, wrile  | c. LENGTH OF  | MARYLAND<br>F STAY IN 16   |   | rict of  | Columbi orote limits, write I  |  |                           |  |
|-----------------------|--|---|---|---|--|---|--|--|--|---------------------------|--|
|                       | RURAL ond give ne  | Point   |   | 18 6  | lava   | Wash  | ington   |  | 47x-                                   | 3                         |  |
| d                     |  | AL (If not in hospital,   | give street o   |   |  | d. STREET ADDR  |  |  | 7-11-                                  | e. IS                     | RESIDENCE  |
|                       |  | Administr   | ation   | n Hospi   | ital   | 1427  | Irving   | Street,  | N.E.                                   |                           | N A FARM?  |
| 3. N                  | IAME OF  |   | rst   |   | Middle   | Lost  | 4. DATE  | Mo   |  | Day                       | Yeor   |
|                       | Type or print)   | LEW   | /IS   | . 1   | N.   | BIVINS  | DEATH  | Decemb   | er                                     | 2                         | 1958   |
| 5. SE                 | EX   | 6. COLOR OR RACE  | 7. MARRI  | ED NEVER  | MARRIED  | 8. DATE OF BIRTH  |  | 9. AGE (In years last birthday)  |  |                           | NDER 24 HRS.   |
|                       | Male   | Negro   | WIDOWE  | D DI  | VORCED 🔲   | April 10  | .1912  | 46 yrs.  | Months                                 | Doys Ho                   | urs Min.   |
| 0a.                   | USUAL OCCUPATIO  | ON (Give kind of work<br>king life, even if retired   | done 10b. I   | KIND OF BUSIN   | NESS OR INDUS  |   |  | country)   | 12. CIT                                | IZEN OF WI                | HAT COUNTR   |
|                       | Clerk  | ang mo, even a reared   |   | Postal  |  | Geor  | gia  |  | US                                     | A                         |  |
| 3. F.                 | ATHER'S NAME   |   |   |   |  | 14. MOTHER'S MAI  |  |  |  |                           |  |
|                       |  | Henry C   | . R1  | vina  |  | Carri   | e L. Bi  | vine   |  |                           |  |
| 5. V                  |  | R IN U. S. ARMED FOR  | CES? 16. S  |   | TY NO. 17. II  | NFORMANT  |  |  | dress                                  |                           |  |
| (145,                 | Yes  | (If yes, give war ar dates of :   | service)  | unknos  | m Ho   | apital Re   | eorde.   | VAH. Per   | my Pa                                  | int.                      | MA.  |
|                       |  |   |   |   |  |   |  |  |  |                           |  |
| 1                     |  | TH [Enter only one co<br>TH WAS CAUSED BY:  |   |   |  | noisoning   |  |  |  |                           | ND DEATH   |
|                       |  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  | Ur  |   |  | poisoning   |  |  |  | ONSET A                   | NO DEATH   |
|                       | PART I. DEA  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  | Ure   | emia, v   | aremic   | 7,000,000,000,000   |  | al diana   |  | ONSET A                   | Weeks  |
|                       | PART I. DEA 442 X Conditions, if or gove rise to in  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate  | Ure<br>Hy   | emia, v   | aremic   | poisoning<br>ardiovascu   |  | al disea   | .88                                    | ONSET A                   | ND DEATH   |
|                       | PART I. DEA  442 X  Conditions, if or gove rise to it couse (o), stoting   | TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ny, which mmediate the under-  | Dro   | emia, v   | aremic   | 7,000,000,000,000   |  | al disea   | se                                     | ONSET A                   | Weeks  |
|                       | PART I. DEA  444 & X  Conditions, if or gove rise to incouse (o), stoting lying couse lost.  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate  | b) Ure  | enia, v   | aremic   | rdiovascu   | lar ren  |  |  | un                        | weeks known  |
|                       | PART I. DEA  444 & X  Conditions, if or gove rise to incouse (o), stoting lying couse lost.  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which   (E  mmediate   DUE TO  (c)  | b) Ure  | enia, v   | aremic   | rdiovascu   | lar ren  |  |  | UNSET A                   | known  AS AUTOPSY RFORMED?   |
| CATION                | PART I. DEA  44 2 X  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which a mmediate the under:  IER SIGNIFICANT CON  | DE HY   | pertens   | aremic   | rdiovascu   | lar ren  | SE CONDITION GI  |  | UNSET A                   | known  AS AUTOPSY  |
| CATION                | PART I. DEA  44 2 X  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which a mmediate the under:  IER SIGNIFICANT CON  | DE HY   | pertens   | aremic   | NOT RELATED TO THE  | lar ren  | SE CONDITION GI  |  | UNSET A                   | known  AS AUTOPSY RFORMED?   |
| CERTIFICATION         | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY   | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which   (E  mmediate   DUE TO  (c)  | DESC.   | pertens   | TO DEATH BUT   | NOT RELATED TO THE  D. (Enter noture of inju  | TERMINAL DISEASORY in Port I or Po   | SE CONDITION GI  | VEN IN PAR                             | T 1(o) 19. W<br>PE<br>YES | known  AS AUTOPSY RFORMED?   |
| CERTIFICATION         | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m.   | TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which the under- IER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye   | DITIONS CO. IN White                                    | pertens ONTRIBUTING  RIBE HOW INJ   | TO DEATH BUT   | NOT RELATED TO THE  | TERMINAL DISEASORY in Port I or Po   | SE CONDITION GI  | VEN IN PAR                             | UNSET A                   | known  AS AUTOPSY RFORMED?   |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  my, which mediote the under:  LER SIGNIFICANT CON  S. UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y. Month, Day, Ye  19   | 20b. DESC   | PETTERS  ONTRIBUTING  RIBE HOW INJ  HURY OCCURR  Not while of work  | TO DEATH BUT   | NOT RELATED TO THE  D. (Enter noture of inju  ACE OF INJURY (Hometory, street, office bldg                            | TERMINAL DISEASORY in Port I or Po   | SE CONDITION GI<br>rt II of item 18.)<br>Iy or town)   | VEN IN PAR                             | T I(o) 19. W PE YES       | known  AS AUTOPSY RFORMED?  (Stote   |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under-  CER SIGNIFICANT CON  IS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye  19  The immediate of the control of | 20b. DESC  20d. IN While of work                        | Pertens ONTRIBUTING ERIBE HOW INJ   | TO DEATH BUT  TO | NOT RELATED TO THE D. (Enter noture of injunctions, street, office bldg.  14, 19.58, to                               | TERMINAL DISEASON PORT I OF PORT I O | se CONDITION GI' of It of item 18.) by or town)  | VEN IN PAR                             | T I(o) 19. W PE YES       | AS AUTOPSY RFORMED?  (Stote  |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  my, which mediote the under:  LER SIGNIFICANT CON  S. UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y. Month, Day, Ye  19   | 20b. DESC  20d. IN While of work                        | Pertens ONTRIBUTING ERIBE HOW INJ   | TO DEATH BUT  TO | NOT RELATED TO THE D. (Enter noture of injunctions, street, office bldg.  14, 19.58, to                               | TERMINAL DISEASON IN THE PORT OF THE PORT  | rt II of item 18.)  by or town)  er 2, 1958  m the causes of   | VEN IN PAR                             | T I(o) 19. W PE YES       | AS AUTOPSY RFORMED?  (Stote  |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under-  CER SIGNIFICANT CON  IS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye  19  The immediate of the control of | 20b. DESC  20b. DESC  20d. IN While of work decease     | ONTRIBUTING  RIBE HOW INJ  LIURY OCCURR  Not while of work  def from No.  | TO DEATH BUT  TO | NOT RELATED TO THE D. (Enter noture of injunctions, street, office bldg.  14, 19.58, to                               | TERMINAL DISEASON IN THE PORT OF THE PORT  | se CONDITION GI' of It of item 18.) by or town)  | VEN IN PAR                             | T I(o) 19. W PE YES       | AS AUTOPSY RFORMED?  (Stote)   |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th  | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under-  CER SIGNIFICANT CON  IS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye  19  The immediate of the control of | 20b. DESC  20d. IN While of work                        | ONTRIBUTING  RIBE HOW INJ  LIURY OCCURR  Not while of work  def from No.  | TO DEATH BUT  TO | NOT RELATED TO THE D. (Enter noture of injunctions, street, office bldg.  14, 19.58, to                               | TERMINAL DISEASON IN PORT I OF PORT  | se CONDITION GI  If It of item 18.)  By or town)  The courses of the course of th | VEN IN PAR                             | T I(o) 19. W PE YES.      | AS AUTOPSY RFORMED?  (Stote)  dated above DATE SIGNI   |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 200. TIME OF INJUR Hour o. m., p. m.  21. I certify the signature  PHYSICIAN'S   | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under-  CER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye  19  The control of the | 20b. DESC  20b. DESC  While of work  decease            | ONTRIBUTING  RIBE HOW INJ  LIURY OCCURR  Not while of work  def from No.  | TO DEATH BUT  TO | NOT RELATED TO THE  D. (Enter noture of injunction, street, office bldg)  14, 19.58, to occurred at 10  M.D. V. A. Ho | TERMINAL DISEASON IN THE PORT OF PORT OF THE PORT OF T | rt II of item 18.)  by or town)  2, 1958  m the causes of treet, city or town,  Perry P  | VEN IN PARTICLE (Control of the store) | T 1(o) 19. W PE YES.      | AS AUTOPSY REORMED?  (Stote)  Output  (Stote)  AS AUTOPSY REORMED?  (Stote)  |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m., p. m.  21. I certify the contract of t | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  my, which mediate the under:  CER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye  VA  19  O'XI attended the  | 20b. DESC  20b. DESC  ar 20d. IN While of work  decease | ONTRIBUTING  RIBE HOW INJ  LIURY OCCURR  Not while of work  def from No.  | TO DEATH BUT  TO | NOT RELATED TO THE  D. (Enter noture of injunction, street, office bldg)  14, 19.58, to occurred at 10  M.D. V. A. Ho | TERMINAL DISEASORY in Port I or Port | se condition Given It of item 18.)  Ty or town)  The causes of the cause of the | (Control of the stote)                 | T I(o) 19. W PE YES.      | AS AUTOPSY RFORMED?  (Stote)  AS AUTOPSY RFORMED?  (Stote)  AS AUTOPSY RFORMED?  (Stote)   |
| MEDICAL CERTIFICATION | PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 200. TIME OF INJUR Hour o. m., p. m.  21. I certify the signature  PHYSICIAN'S   | TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  my, which mediate the under:  CER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye  VA  19  O'XI attended the  | 20b. DESC  20b. DESC  ar 20d. IN While of work  decease | ONTRIBUTING  ONTRIBUTING  RIBE HOW INJ  HURY OCCURR  Not while of work  of framiliar  Example of the complete | TO DEATH BUT  TO | NOT RELATED TO THE D. (Enter noture of injunctory, street, office bldg  14, 19,58, to occurred at 10  Acting          | TERMINAL DISEASORY in Port I or Port | rt II of item 18.)  by or town)  2, 1958  m the causes of treet, city or town,  Perry P  | (Control of the stote)                 | T I(o) 19. W PE YES.      | AS AUTOPSY RFORMED?  (Stote)  AS AUTOPSY RFORMED?  (Stote)  AS AUTOPSY RFORMED?  AS AUTOPSY R |

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|                   | Washington                | ageb SI          | delog ,       | Perr      |
| 文艺 1              | 1427 Irring Street.       | Intignal naite   | errakalaba a  | mnzere)   |
| 85 2 780          | BIVINS December           | , K (1)          | DEL .         |           |
|                   | April 10,1912 46          |                  | orgelf.       | olai      |
| ABU               | Georgia                   | 1.180            |               | diezk     |
|                   | Carrie L. Bivins          | ankykti          | . Pragi       |           |
| rry Point, 195.   | apital Records, VAH, Per  | unknown Ec       | TY WW         | SeY       |
| 5 weaks           | poleoning                 | Uremia, mresslo  |               |           |
| mionalnu ees      | south Lanux is Luceavoiba | Rygar tennive on |               |           |
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|                   | 14 0 58 m December 2 0 58 |                  |               |           |
| oint, 48. 12-2-56 | W.A. Hospital, Parry 1    |                  |               |           |
| swalonel Services | Auting Director, Profe    | errs error       | V. M. HAR     |           |
| inglate.          | National It Myer,         | Arlington        | ST. O.ST      |           |
|                   | Vash DO Les               | .1820-9ª Ct. M.V | sooly tal .ng | k oztubal |

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13629

| Reg. |       | .1   | 3 | 6 | 03    |
|------|-------|------|---|---|-------|
| Reg. | Dist. | Nati | - |   | 6. 6. |

| 1. PLACE OF DEATH o. COUNTY COC                              | il   |                 | MARYLA   | ND I              | o. STATE                                       | (Where deced           | sed lived. If institu<br>b. COUNT    |                                 | before admission)                       |
|--|--|-----------------|--|-------------------|--|------------------------|--------------------------------------|---------------------------------|---|
| b. CITY OR TOWN and give negrest to                          | (If outside corporate limits, wri                      |                 | c. LENGTH OF STAY IN   | 16                | c. City or town                                | (If outside cor        |                                      | RURAL and give                  | e neorest town)                         |
| d. NAME OF HOSP  | ITAL OR INSTITUTION                                    | (it not in hosp | ital, give street address)   |                   | d. STREET ADDRESS                              |                        |                                      |                                 | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3. NAME OF<br>DECEASED<br>(Type or print)                    | James:   | Law             | Middle<br>rence  | Blev              | ins In   | 4. DATE<br>OF<br>DEATH | Month                                | 28                              | y Yeor 19 \$ 5                          |
| 5. SEX   | 6. COLOR OR RACE                                       | 7. MARRIED      | NEVER MARRIED  | 8. D.             | ATE OF BIRTH                                   |                        | 9. AGE (In years last birthday) yrs. | Months Days                     |   |
| 10a. USUAL OCCUPAT<br>during most of work<br>Infant          | TION (Give kind of work<br>king life, even if retired) | done 10b. KI    | ND OF BUSINESS OR INC  | DUSTRY            | 11. 8IRTHPLACE (Sto                            | ote or foreign (       | country)                             | 12. CITIZEN                     | OF WHAT COUNTRY                         |
|  | Lawrence Bl  |                 |  | 1,                | Janet B  |                        |                                      |                                 |   |
| 15. WAS DECEASED E   | EVER IN U. S. ARMED FC                                 |                 | OCIAL SECURITY NO.   |                   | nes L. Ble                                     | bens, !                | North Eas                            | t. Md.                          |   |
| Conditions, if gove rise to imm (o), stoting the couse last. | underlying DUE TO                                      | )               | Ateral Bronc   |                   |  |                        | SE CONDITION GIV                     |                                 | 19, WAS AUTOPSY PERFORMED? YES N        |
| PART 11, O   | ONTRIBUTING []   | Ob. DESCRIBE    | HOW INJURY OCCURRE   | D. (Ente          | r noture of injury in P                        | ort I or Part II       | of item 18.)                         |                                 |   |
| 20c. TIME OF INJ   | 1.   | White           | IJURY OCCURRED 20e.  Not while of work   | PLACE<br>factory, | OF INJURY (Home, fo<br>street, office bldg., e | orm, 20f. (Cit         | y or town)                           | (County)                        | (State)                                 |
|  | <b>~</b>   |                 | emoins described of suses . Accidental . Acc |                   |  | Homicide               |                                      | Inquiry <del>I</del> rmined mon |   |
| EXAMINER'S<br>NAME (Type)                                    | C Dodson   | OF I            | 72c. NAME OF CEMETERY  | OR CR             | DEPUTY MEDICA                                  | AL EXAMINER            |                                      | -58                             | (Stote)                                 |
| REMOVAL (Specific Burial 23. FUNERAL DIRECTOR)               | " 12-31-   | 58<br>2 \$      | *Method<br>ADDRESS<br>rant nor   | th                |  | C'D BY REGIST          | Th Eash                              | Cecil<br>STRAR'S SIGNAT         | Co my                                   |
| QUVVVV   | VXVV   |                 |  |                   |  |                        |                                      |                                 |   |

VS. A15ME 5M 2/57

# MARCHARD STATE DEPARTMENT OF MEASURE OF DEATH

THE HEALTH

| Final                                      | en [rem : company        | Croil               |
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|  | outlies four Fret. S. S. |                     |
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|  | give of give .           | deep formate blowns |
| , 11 , 12                                  | Jones L. Blacene, hor    | r .                 |
|  | ebicaumi Linium.         |                     |
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|  |                          |                     |
| 37-27-71                                   |                          |                     |
| 14 - 12 - 20 - 20 - 20 - 20 - 20 - 20 - 20 |                          | Beriel              |

### FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be for urded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. DEUNERAL DETOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book of Hoolth, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death. 99

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| VS. |    |     | -  |  |
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### 13608 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EVAMINEDIC CERTIFICATE OF DEATH

|               | l   | 3912 ME  | DICA        | LEXA             | VIIIVEK       | 5 CERTII           | FICA        | TE OF            | DEATH                           | Reg. I       | Dist. No        | ).        |                     |
|---------------|---|--|-------------|------------------|---------------|--------------------|-------------|------------------|---------------------------------|--------------|-----------------|-----------|---------------------|
| 1.            | PLACE OF DEATH  |  |             |                  |               | 2. USUAL RES       | SIDENCE     | (Where decease   | sed lived. If insti             |              |                 | fore admi | ission)             |
|               | 6. COUNTY   | Cecil  |             |                  | MARYLAND      | o. STATE E         | enn         | a.               | b. COUN                         | "Phi         | la.             |           |                     |
|               | b. CITY OR TOWN I   | If autside corporate limits, write   | RURAL       | c. LENGTH        | OF STAY IN 16 | c. CITY OR         | TOWN        | (If outside cor  | porate limits, wri              | e RURAL or   | nd give n       | eorest to | wn)                 |
|               | D.O.A.  |  |             | Enro             | oute          |                    |             | Phil             | adelphi                         | a 7          | 5×              | . 3       |                     |
|               |   | TAL OR INSTITUTION (   |             | pital, give stre | et address)   | d. STREET          | ADDRESS     |                  |                                 |              |                 |           | ESIDENCE<br>A FARM? |
|               | Unio  | on Hospita   | 11          |                  |               | 1752               | N.          | Still            | man St.                         |              |                 |           | ] NOXE              |
| 3.            | NAME OF<br>DECEASED   | Fir  | st          | N                | liddle        | Los                | t           | 4. DATE<br>OF    | Moi                             |              | Doy             |           | fear                |
|               |   | ATHANIEL   |             | L.               | BROW          |                    |             | DEATH            | Dec. 21                         |              |                 |           | 58                  |
| 5.            | SEX   | 6. COLOR OR RACE   | 7. MARRII   | ED NEVER         | MARRIED [     | B. DATE OF BIRTH   | H           |                  | 9. AGE (In years lost birthday) | Months       | R TYEAR<br>Doys | Hours     | ER 24 HKS.          |
|               | Male  | Col.   | WIDOWE      |                  | ORCED         | 12/4/19            | 930         |                  | last birthday)<br>28 yrs        |              |                 |           |                     |
| 100           | <ul> <li>USUAL OCCUPATI<br/>during most of worki</li> </ul> | ON (Give kind of working life, even if retired)  | done 10b. I | CIND OF BUSIN    | IESS OR INDUS | TRY 11. BIRTHPL    | ACE (Stat   | te or foreign o  | country)                        |              |                 |           | COUNTRY             |
|               | Truck   | Driver   |             | Truck            | S             | Char               |             |                  | . C.                            |              | U.S             | .A.       |                     |
| 13            | FATHER'S NAME   |  |             |                  |               | 14. MOTHER'S       |             |                  | тА.                             |              |                 |           |                     |
| 17            | Sam B   | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I |             |                  |               |                    | laim        | ia N             | o Info.                         |              |                 |           |                     |
|               | . no, or unknown)   | VER IN U. S. ARMED FO  |             | SOCIAL SECUR     |               | NFORMANT           | D.,         |                  | Addre                           |              |                 |           |                     |
| -             | No  |  |             |                  |               | arletta            | a br        | own              | Phila,                          | Penn         | -               |           |                     |
|               |   | ATH [Enter only one cou<br>ATH WAS CAUSED BY:  |             |                  |               | 0.0                | - 1         |                  |                                 |              | ONS             | Mir       | ATH                 |
| 1             | 0.5   | IMMEDIATE CAUSE (a)  | 3 ir        | 1. Lac           | eratio        | n of fo            | oren        | lead             |                                 |              | 2               | MITI      | 1                   |
|               | 822X  | DUE TO   | ~           |                  |               |                    | A1          |                  |                                 |              |                 |           |                     |
|               | Conditions, if a  | diate cause (  | Crus        | sned R           | ight S        | ide of             | Une         | 286              |                                 |              | -               |           |                     |
|               | (a), stating the  | Service and Administration of the Parket of  | Cris        | shed F           | emur          |                    |             |                  |                                 |              |                 |           |                     |
| z             |   | HER SIGNIFICANT CON  |             |                  |               | NOT RELATED TO     | THE TER     | MINAL DISEAS     | E CONDITION G                   | IVEN IN PA   | RT 1(a) 1       | 9 WAS     | AUTOPSY             |
| CERTIFICATION |   |  |             |                  |               |                    |             |                  |                                 |              |                 |           | RMED?               |
| TIFIC         | 20a. EXTERNAL CA  | USE WAS 20   | b. DESCRIB  | E HOW INJURY     | OCCURRED.     | Enter nature of in | njury in Po | ort I or Port II | of item 18.)                    |              |                 |           |                     |
| S             | PRIMARTY OF CO  | WIKIBUTING L   | Over        | r-turn           | of tr         | uck                |             |                  |                                 |              |                 |           |                     |
| MEDICAL       | 20c. TIME OF INJU   | JRY Month, Day, Yes  | or 20d.     | INJURY OCCU      | RRED 20e. PLA | CE OF INJURY       | Hame, fai   | rm. 20f. (Cit)   | y or lown)                      | (Co          | ounty)          |           | (Stofe)             |
| MED           | 3:45 p. m.  | P.M.12/24  | 15 While    | Not wh           |               | treetR             |             |                  | h East                          | Cec          | il              | Md.       |                     |
|               | personal reliable for the second                            | hat I toak charge  | af the      | remains de       | scribed abo   | ive, held an       | Autap       | sy 🔲, I          | nspection K                     | , Inqui      | гу 🔼            | , an      | d in my             |
|               | opinion death   | nesulted from: 1   | Vatural o   | causes .         | Accident      | 📆, Suicide         | е П,        | Homicide         | , Under                         | ermined      | manne           | er 🗍      |                     |
|               | //  | 10010  | 100         | 11               |               | 1 4. 1             |             |                  | 2011                            |              |                 |           |                     |
|               | ACTUAL<br>SIGNATURE   | UN   | 04          | NO               | n             | _M.D. CHIEF A      | MEDICAL     | EXAMINER [       |                                 |              |                 | DATE S    | IGNED               |
|               | EXAMINER'S  |  |             |                  |               | ASSISTA            | NT MEDI     | CAL EXAMINE      | R                               |              |                 |           |                     |
|               | NAME (Type) R   | . C. Dods  | on          |                  |               | DEPUTY             | MEDICA      | LEXAMINER        |                                 | Dec.         | 25,             | 19        | 58                  |
| 22            | REMOVAL (Specify  | ON, 226. DATE THEREC   | )F          | 22c. NAME O      | F CEMETERY OF | CREMATORY          |             |                  | TION (City, Iown                |              |                 | (Stote    | e)                  |
|               | Removal   | Dec. 2   | 5, 1        | 958              |               |                    |             | Phil             |                                 | nna.         |                 |           |                     |
|               | FUNERAL DIRECTO   |  | 0           | ADDRESS          |               |                    | 24a. REG    | C'D BY REGIST    |                                 | SISTRAR'S SI |                 | 3         |                     |
| P             | ippin Fu  | neral Hom  | e 16-6      | Of K De          | Elkto         | n. Md.             | DATE        | C 2 9 '5         | 8 an                            | I'my S.      | Trans           | l.        |                     |

TOPIS MEDICAL EXAMINER'S CERTIFICATE OF DEATH The Control of the Co DESTRUCTION OF THE PROPERTY OF till, I one a lever and the control of th

| I  | L         | 13616 CERTIFICATE OF DEATH Reg. Dist. No.   |
|----|-----------|---|
| M) | 1.        | PLACE OF DEATH a. COUNTY Cecil  ARRYLAND  Cecil  County  Cecil   |
|    |           | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  **Elkton**: C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| 65 |           | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO   |
|    | 3.        | NAME OF First Middle Lost OF DECEASED P. DAVIS Sr. 4. DATE Month Day Year OF DEATH DECEMBER 10, 1958  |
|    |           | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Male White WIDOWED DIVORCED September, 2, 1897 61 yrs.  9. AGE (In yeors lost birthday) Months Days Hours Min.  |
|    | 10        | D. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Farming  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Farm Mde  12. CITIZEN OF WHAT COUNTRY  UeS.A.  |
| I  | 13.       | Lambert W. Davis  14. MOTHER'S MAIDEN NAME  Myra Cox  |
|    |           | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  [If you, give wor or dates of service] 217-36-4917 Mrs. Grace Davis, Cecilton, Md.  |
|    |           | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LINTERVAL BETWEEN ONSEI AND DEATH ONSEI AND DEATH  |
|    |           | Conditions, if any, which gave rise to immediate cause (a), stoting the under: lying cause last.  (b) Chronic Refhritts  3 years  (c)   |
| 8  | CATION    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   |
|    | L CERTIFI | 20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)   |
|    | MEDICAL   | 20c. TIME OF INJURY Month, Day, Year Hour a. m.  19 While Not while at work of twork of two the control of two two the control of two   |
|    |           | 21. I certify that I attended the deceased from M.D., 1953, to 1954, that I last saw the decease alive an 1954, and that death accurred at 850 M, from the causes and on the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  M.D.  M.D.  |
| 1  |           | PHYSICIAN'S HENRY V. DAVIS MB. CHESAPEAKE CITY MD   |
|    | 22        | Burial CREMATION, REMOVAL (Specify)  Dec. 12, 1958  St. Stephens Cem.  22d. LOCATION (City, town, or county)  Earleville, Cecil Co. Md.   |
| 0  | 23        | ADDRESS ADDRESS PAGE DE RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ON DATE OF THE PAGE |

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| P | ea. | Dist | No |
|---|-----|------|----|

| 10   | 000  |  |   | Reg. Dist. No.  |  |  |  |  |  |
|--|--|--|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH o. COUNTY CCecilon   | MARYLAND   | 2. USUAL RESIDENCE (Whe  | ere deceased lived. If institution<br>b. COUNTY C | : Residence before admission)   |  |  |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, w<br>RURAL and give negrest town)<br>Cecilton  | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cecilton |   |   |  |  |  |  |  |
| d. NAME OF HOSPITAL (If not in hospital, give s<br>OR INSTITUTION  | street address)  | d. STREET ADDRESS  |   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO   |  |  |  |  |  |
| 3. NAME OF First DECEASED (Type or print) Cleveland  | Middle<br>Et   | therington   | 4. DATE Month OF DEATH Dec.                       | Day Year<br>28 19 58  |  |  |  |  |  |
| Male White wi  | DOWED DIVORCED   | 8. DATE OF SIRTH  Nov. 25, 1884  | 72 74 yrs.  | FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.                                     |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter  | 106. KIND OF BUSINESS OR INDU<br>Builder                           | STRY 11. BIRTHPLACE (Stote of Md.  | or foreign country)                               | 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  |  |  |  |  |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MAIDEN N  | AME   |   |  |  |  |  |  |
| William T. Ethering  | ton  | Louise Ros   | ssell   |   |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no. or unknown) (If yes, give wor or dates of service)  |  | nformant<br>11a Kernan Ced   | Addres cilton Md.                                 | 5   |  |  |  |  |  |
| PART I. DEATH Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost. | per line for (o), (b), ond (c).]  Ventricular fib  severe arterios |  | disease   | INTERVAL BETWEEN ONSET AND, DEATH  2 years.   |  |  |  |  |  |
| ■ I OR CONTRIBUTING  □ CAUSE OF DEATH I  |  | d very poor my   | ocardium  | N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2  |  |  |  |  |  |
| 20c. TIME OF INJURY Month, Day, Year 2   | 20d. INJURY OCCURRED 20e. PL While Not while for It work at work   | ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)                              | 20f. (City or town)                               | (County) (Stote)  |  |  |  |  |  |
| 21. I certify that I attended the decadive on  | 19 58, and that death  |  | M, fram the causes and                            | that I last saw the deceased<br>d an the date stated abave.<br>DATE SIGNED<br>30. Dec. 58 |  |  |  |  |  |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF Dec. 31, 58  | 22c. NAME OF CEMETERY O  |  | 22d. LOCATION (City. town, or Cecilton Md         | county) (State)   |  |  |  |  |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS Millington   | 240. REC'D   |   | RAR'S SIGNATURE   |  |  |  |  |  |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should in stacked far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 stalled be filed with the registrar prince, burial, cremation, or remayal, and in any event within 72 hours after debth. VS A15 (4) 15M 9/55

|          | in Participant of the property of the  |                |      |              |                                 |
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|          |  |                |      |              | Committee and                   |
|          |  |                |      |              | 7                               |
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|          |  |                | 1000 | Desert Vice  |                                 |
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|          | art man, and is of A. A. A. S. S. A. In the same   |                |      |              | A Service                       |
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

|                                    |  |               | CERTIFI                | CAIL          | OF DEA            | IH               |                                    | Reg. E      | Dist. No  | . 96         | ,               |
|------------------------------------|--|---------------|------------------------|---------------|-------------------|------------------|------------------------------------|-------------|-----------|--------------|-----------------|
| 1. PLACE OF DEATH<br>o. COUNTY     | Cecil  |               | MARYLA                 |               | IAIL              | (Where decease   | ed lived. If institut<br>b. COUNTY | ion: Reside | ence befo | ore odmis    | ion)            |
| b. CITY OR TOWN<br>RURAL and give  | (If outside corporate limi                         | ts, write     | c. LENGTH OF STAY IN   | 1b c. C       | ITY OR TOWN       | (If outside corp | orote limits, write l              | RURAL ond   | give ne   | arest town   | n)              |
|                                    | Point  |               | 27yrs.7mo.1            | 2days         | Bal               | timore           | 3                                  | Vo          | 1-4       |              |                 |
| d. NAME OF HOSP                    | ITAL (If not in hospital, g                        |               |                        |               | TREET ADDRES      | s                |                                    |             |           | e. IS RES    | IDENCE<br>FARM? |
| Veterans                           | Administra   | tion          | Hospital               |               | 3004              | Harlem           | Street                             |             | -1        |              | NO              |
| DECEASED                           | Fir  | st            | Middle                 |               | Lost              | 4. DATE          | Mo                                 | nth         | Do        | у            | Yeor            |
| (Type or print)                    | JOH  | N             | R.                     |               | HAYDEN            | OF<br>DEATE      | Decem                              | ber         | 3         |              | 19 5            |
| 5. SEX                             | 6. COLOR OR RACE                                   | 7. MARR       | IED NEVER MARRIED      | B. DATE       | OF BIRTH          |                  | 9. AGE (In years<br>lost birthdoy) |             |           | -            | ER 24 HR        |
| Male                               | White  | WIDOWE        |                        |               | 16-94             |                  | 64 yrs.                            |             | Days      | Hours        | Min.            |
| 0o. USUAL OCCUPATI                 | ION (Give kind of work rking life, even if retired | done 10b.     | KIND OF BUSINESS OR II | NDUSTRY 11.   | BIRTHPLACE (S     | tote or foreign  | country)                           | 12. C       | ITIZEN C  | OF WHAT      | COUNT           |
| Rivete                             |  |               | Shipyard               |               | Baltim            | ore, M           | d.                                 |             | USA       |              |                 |
| 3. FATHER'S NAME                   |  |               |                        | 14. M         | OTHER'S MAID      |                  |                                    |             |           |              |                 |
|                                    | Thomas   |               | ayden                  |               | Mary L            | oretta           | Tansey                             |             |           |              |                 |
| 15. WAS DECEASEDEV                 | ER IN U. S. ARMED FOR                              | CES? 16.      | SOCIAL SECURITY NO.    | 17. INFORMA   |                   |                  |                                    | iress       |           |              |                 |
| Yes                                | WW I   |               | Unknown                | Hospit        | al Rec            | ords.            | VAH, Per                           | rv P        | aint      | . Md         |                 |
| 18. CAUSE OF DE                    | ATH [Enter only one co                             | use per lin   |                        |               |                   |                  |                                    |             | INT       | ERVAL DE     | TWEEN           |
|                                    | ATH WAS CAUSED BY:                                 |               | Coronary t             | hromho        | oie               |                  |                                    |             | ON        | Imme         |                 |
| 420.1                              | DUE TO   |               |                        | at day        | 1020              |                  |                                    |             |           | T BILLY      | 416             |
| Conditions, if                     |  |               |                        | -             |                   |                  |                                    |             |           |              |                 |
| gove rise to                       | immediate  |               |                        |               |                   |                  |                                    |             |           |              |                 |
| couse (a), stating                 |  |               |                        |               |                   |                  |                                    |             |           |              |                 |
| lying couse lost.                  | , ,  | )             | CANTENNATURE TO SELTIN |               |                   |                  |                                    | -           |           |              |                 |
| PART II. OT                        | THEK SIGNIFICANT CON                               | DITIONS       | ONTRIBUTING TO DEATH   | BUT NOT REL   | ATED TO THE TE    | ERMINAL DISEA    | SE CONDITION GI                    | VEN IN PA   | RT 1(o)   | PERFC<br>YES | RMED?           |
| DE CONTRIBUTION (IF EITHER, NOTIFY | AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)  | 20b. DESC     | RIBE HOW INJURY OCCU   | JRRED. (Enter | noture of injury  | in Part I or Po  | rt II of item 1B.)                 | Sent de     |           |              |                 |
| 20c. TIME OF INJU                  | RY Month, Day, Yes                                 | or 20d. IN    | JURY OCCURRED 20e      | e. PLACE OF I | NJURY (Home,      | form, 20f. (Cit  | y or town)                         |             | (County)  |              | (Stote          |
| Hour o.m.                          | 19   | While of work | Not while ot work      | toctory, stre | et, office bldg., | etc.)            |                                    |             |           |              |                 |
|                                    |  | 100           | uc Annal ?             | 21            | . 23              | Dacamb           | . Z . E                            | 0           |           |              |                 |
| 21. I Certify I                    | nor ratienaea the                                  | decease       | ed from April          |               | 9 10              | Pedemo.          | er 3, 19 5                         | D'IHPICI    | LIGHT-BO  | A.AUX.       | 40440           |
| ano-outer                          | *********  | -,            | and that de            | oth occurr    | ed of O           |                  |                                    |             | the do    |              |                 |
| ACTUAL                             | Janasa.  |               |                        |               |                   |                  | Street, city or town,              |             |           |              | ATE SIGN        |
| SIGNATURE                          | promotes   | rec           |                        | M.D           | . А. Но           | spital           | Perry P                            | oint.       | Md.       | 12           | -4-             |
| PHYSICIAN'S<br>NAME (Type)         | W. M. H  | ARRI          | 3                      | Ac            | ting D            | irecto           | r, Profe                           | asio        | nal       | Serv         | ices            |
| 20 BURIAL, CREMATIC                | ON 226. DATE THEREO                                | 1             | 22c. NAME OF CEMETER   |               |                   |                  | TION (City, town,                  |             |           | (Stot        |                 |
| Burne                              | 12/6   | 158           | New Ca                 | thedre        | 1                 | Ba               | ltimore,                           | Mary        | rlan      | đ            |                 |
| 3. FUNERAL DIRECTOR                | S'S SIGNATURE                                      |               | ADDRESS                |               |                   | REC'D BY REGIS   |                                    |             |           |              |                 |
| HARRY H.                           | WITZKE, 410  | 1 Ed          | mondson Ave            | e.Balt        | O. Mdmir          | DEC              | 5 '58                              | Coth        | 18.7      | Kraya        |                 |

| 81.081.00        | F HIGHITSTEH    | 1740136 1401 | Marked brate (I | 4AJVIIAM      | 3        |
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| in the second    | \$3335 M9590    | E #005       | Дагіцвой на     | kynybalicimbl | anazate  |
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| APU 1            | . 12 272        | Beltimo      | braygldS        | *             | sievb    |
|                  | rotte Censey    | Mary lo      | Hayden          | .L massodT    |          |
| . bd . tulol v   | H. H. H         | cook latigs  | Unknewn         | 3. 411        | noY      |
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| x 1 to 1 to 1    |                 |              |                 |               |          |
| CREEKEEKSTERKE)  | sociates 3   58 | 31 U.S       | April 21        | ***           |          |
| int, Md. 12-4-58 | of orange last  | eok .A.V     |                 | ALMAKA S      |          |
| sections lancing | rector, Profes  | Acting Dir   | BY              | W. N. HAR     |          |
| Margland         | .eronities      | Larber       | Stat Well       |               |          |
|                  |                 | . 5 . 60 Zat | . sva moshnoubs | ford, smyn    | .H YHRAN |

VS A15 (4) 15M 10/57

|  |   | 4                                  |
|--|---|------------------------------------|
|  |   |                                    |
| roge 4   | director,   | led with                           |
| res that the death certificate be executed within 24 haurs after death. Page 4 | ed by the attending physician and campletely filled in by the funeral director, | 000                                |
| 0110   | i he  |                                    |
| haurs  | in by   | 7 DUD                              |
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| within   | itely fi  | 50                                 |
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| es   | 8   |                                    |

13013 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13632 CERTIFICATE OF DEATH

Reg. Dist. No. 96

| o. COUNTY CECIL   |                  | MARYLA                                    |                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE JERSEY b. COUBURLINGTON |                             |                                       |                   |          |           |  |
|---|------------------|---|---------------------|--|-----------------------------|---------------------------------------|-------------------|----------|-----------|--|
| b. CITY OR TOWN (If outside corporate RURD Lappoine ID-11) (PTM)  | e limits, write  | c. LENGTH OF STAY IN                      |                     | c. CITY OR TOWN (If o  | utside corpo                |                                       | URAL ond          | give nea | rest town | n)   |
| d. NAME OF HOSPITAL (If not in hospi<br>OR INSTITUTION  | tol, give street | oddress)                                  |                     | d. STREET ADDRESS 33 Mary Street   |                             |                                       |                   |          |           | SIDENCE<br>A FARM?<br>NO 2                 |
| 3. NAME OF DECEASED (Type or print) KAT   | First<br>HERINE  | Middle I.                                 |                     | HERRON   | 4. DATE<br>OF<br>DEATH      | Decemb                                |                   | Do:      |           | Year<br>19 58                              |
| Female White  | WIDOW            |   | ] ] ] ]             | L-22-84  | 1                           | 9. AGE (In years lost, by thdoy) yrs. |                   |          |           | ER 24 HRS.<br>Min.                         |
| 10a. USUAL OCCUPATION (Give kind of voluming most of working life, even if re Registered Nurse  | efired)          | KIND OF BUSINESS OR I                     | INDUSTRY            | New Jers   |                             | ountry)                               |                   | USA      | F WHAT    | COUNTRY                                    |
| 13. FATHER'S NAME Unknown   |                  |   | 1                   | 4. MOTHER'S MAIDEN N Unknow  |                             |                                       | Je ja             | 771      |           |  |
| 15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) YOS (If yes, give war or dat  | es of service)   | social security no. Unknown               | Hosp                | RMANT<br>Dital Record  | ls, VAH.                    | Add<br>, Perry                        |                   | t, M     | d.        |  |
| PART I. DEATH WAS CAUSED IMMEDIATE CAU  | BY: Bro          | ine for (a), (b), and (c).] onchopneumoni | la,rt               | .lower lobe  | unre                        | solved .                              |                   |          | RVAL BE   |  |
| Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause lost.   | (c)              | contributing to Death                     | BUT NO              |  |                             |                                       | 'EN IN PAR        |          | PERFO     | AUTOPSY<br>)RMED?                          |
| PART II. OTHER SIGNIFICANT Arteriosclerosis  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN |                  | SCRIBE HOW INJURY OCC                     |                     | inter nature of injury in P  | art 1 or Port               | II of item 18.)                       |                   |          | YES 2     | NO []                                      |
| 7   |                  | _ Not while _                             | e. PLACE<br>foctory | OF INJURY (Home, form, street, office bldg., etc.)   | 20f. (City                  | or tawn)                              | ((                | County)  |           | (Stote)                                    |
| 21. I certify that attended   | SCORE LA SE      |   | M.D                 | VA Hospi   | PM, from ADDRESS (Stall, Pe | erry Poin                             | and an the stote) | he dat   | e state   | Microsoft<br>ed abave<br>ATE SIGNE<br>6-58 |
| 220. BURIAL, CREMATION, 22b. DATE TH<br>REMOVAL (Specify) 12-26-  | EREOF            | St Mary's C                               | RY OR CI            | REMATORY   | 22d. LOCAT                  | ION (City, town, o                    | or county)        | w Je     | (Stote    |  |
| 23. FUNETAL DIRECTOR'S SIGNATURE  | Lan              | Havre DeGra                               | ce,                 |  | EC 2 9                      |                                       | STRAR'S SIG       | PNATUR   | Sea       |  |

OF STOME AS STEEDING TO THE ASSESSMENT OF STATE OF STATE A CHEST WALL C The same to be a second of the same of the same of who libertal Golder of the service and the service of the service Largery and the contract of th La verieur la companya de la companya del companya della companya The second secon pris to the particular property of the property of the property of the property of the principal of the prin THE PERSON NAMED IN

| 2024    | CERTIFI | CATE | OF | DEATH |
|---------|---------|------|----|-------|
| 2 2 2 4 | A       | ~~   | •  |       |

|   |   | 136             | 33 CERTIFI                        | CAI      | L OF DEAT                                       | -                      |                                   | Reg. Di           | st. No.              |                    |                 |
|---|---|-----------------|-----------------------------------|----------|---|------------------------|-----------------------------------|-------------------|----------------------|--------------------|-----------------|
| 1. PLACE OF DEATH COUNTY CC 13  |   |                 | MARYLAN                           |          | usual residence (v<br>o. STATE<br>Mary 1 an     |                        | b. COUNTY                         | ,                 | ce befor             | e odmissio         | n)              |
| RURAL and give r  | (If outside corporate limit<br>recrest town)<br>East Rural              | ts, write       | Lifetime                          | b        | c. CITY OR TOWN (IF                             |                        | erote limits, write l<br>East Rur |                   | give nea             | rest town)         |                 |
| d. NAME OF HOSPI<br>OR INSTITUTION  | ITAL (If not in hospital, g   | ive street      | oddress)                          | 1        | d. STREET ADDRESS                               |                        |                                   |                   |                      | ON A F             | ARM?            |
| 3. NAME OF<br>DECEASED<br>(Type or print)                                     | fin<br>Marti  |                 | Middle                            |          | lost<br>Isaacs                                  | 4. DATE<br>OF<br>DEATH | Mo                                | nth<br>12         | 26                   | , Ye               | 58              |
| s. sex<br>male  | 6. COLOR OR RACE White  | 7. MARR         | NEVER MARRIED [                   | -        | ATE OF SIRTH May 7 187                          | 6                      | 9. AGE (In years lost birthdoy)   | Months            | 1 YEAR<br>Days       | IF UNDER<br>Hours  | 24 HRS.<br>Min. |
| during most of wo<br>Penna R.   | ON (Give kind of work of<br>rking life, even if retired)<br>R. Trackman | fone 10b.       | Ret 17 yrs                        | IDUSTRY  |   | e or foreign o         | country)                          |                   | SA                   | F WHAT C           | OUNTR           |
| 3. FATHER'S NAME  |   |                 |                                   | 14       | MOTHER'S MAIDEN                                 | NAME                   |                                   |                   |                      |                    |                 |
| Carey   | Isaacs  |                 |                                   |          | Sara  | h Will                 | iams                              |                   |                      |                    |                 |
| 15. WAS DECEASED EV<br>(Yes, no. or unknown)<br>110                           | ER IN U. S. ARMED FOR   |                 | SOCIAL SECURITY NO.               | 7. INFO  | oward B.Is                                      | aacs                   | North E                           | ast, l            | /d                   |                    |                 |
| Conditions, if a gave rise to couse (o), stating lying cause last.            | the <u>under-</u> DUE TO  | )               | Generali                          | 211      | Arterio.  |                        |                                   |                   |                      | 3 yrs              | 4-              |
| PART II. OT  PART III. OT  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) | HER SIGNIFICANT CON   | DITIONS         | CONTRIBUTING TO DEATH             | BUT NOT  | RELATED TO THE TER                              | MINAL DISEAS           | SE CONDITION GI                   | VEN IN PAR        | T 1(o) 1             | PERFORI<br>PERFORI | MED?            |
|   | AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)                       | 20b. DES        | CRISE HOW INJURY OCCU             | RRED. (E | nter noture of injury in                        | Port I or Po           | rt II of item 18.)                |                   |                      |                    |                 |
| 20c. TIME OF INJU<br>Hour o. m.<br>p. m.                                      | RY Month, Doy, Yeo  | While<br>at wor | Not while                         |          | OF INJURY (Home, far<br>street, office bldg., e |                        | y or town)                        | (1                | Caunty)              |                    | (Stote)         |
| 21. I certify to alive an   | hat I attended the GOCC   | ., 195          | ed from 26 /<br>S, and that de    | ath ac   | , 19 55, to curred at 7:15                      |                        | /                                 |                   |                      | e stated           |                 |
| PHYSICIAN'S<br>NAME (Type)  | Klaus   | 14.             | Huebuch                           | 1        | 4.1).   |                        | ,                                 |                   | CO das CO das sin si |                    |                 |
| 220. BURIAL, CREMATIC<br>REMOVAL (Specify                                     | 226. DATE THEREO  |                 | 22c. NAME OF CEMETER<br>Ebene zer |          |   |                        | tion (City, town,                 | or county) Rd Ceo | cil (                | (State)            | Md              |
| 23. FUNERAL DIRECTOR  | 1 01/   | Nor             | ADDRESS<br>th East, Mar           | y1an     |   | 'D 8Y REGIS            | TRAR 24b. REG                     | ISTRAR'S SI       | GNATUR               |                    |                 |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRFCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should elached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 and be filled with the registrar prizes burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5S

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this

1. PLACE OF DEATH

OR TOWN

HOSPITAL OR

Cecil

(It outside corporate limits, write RURAL and give nearest town)
Port Deposit, Rural

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2, USUAL RESIDENCE (HOME STATE Maryland

OR TOWN

(If outside corporate fimits, write

Port Depos:

13615

### CERTIFICATE OF DEATH

13634

MARYLAND

LENGTH OF STAY
(in this piece)
40 Yrs.

|   | Dist         | NI.        |   |       |  |  |  |  |
|---|--------------|------------|---|-------|--|--|--|--|
|   | eg. Dist     |            | • | ••••• |  |  |  |  |
| OF D  | ECEASE       | D          | - 1000                                  | 9     |  |  |  |  |
| COUNTY  | Gec:         |            |   |       |  |  |  |  |
| RURAL •   | nd give nee  | rest town) |   |       |  |  |  |  |
| it,   | Rura         | 11         |   |       |  |  |  |  |
| If rurel giv  | ra location) | -          | -                                       |       |  |  |  |  |
|   |              |            |   |       |  |  |  |  |
| E (Mor  | nth)         | (Dey)      | (Yaa                                    | r)    |  |  |  |  |
| тн 1  | .2           | 31         | 19                                      | 58    |  |  |  |  |
| irthday   | 400          | 1 YEAR     | -                                       |       |  |  |  |  |
| yrs.  | Months       | Deys       | Hours                                   | Min.  |  |  |  |  |
|   | 12           |            |   | AT    |  |  |  |  |
| ATH 12 31 19 58 irthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min. |              |            |   |       |  |  |  |  |
|   |              |            |   | 110   |  |  |  |  |
|   | Hick         | ey         | 24.7                                    |       |  |  |  |  |
|   |              |            | MO                                      |       |  |  |  |  |
| kson  | .Por         | t De       | posi                                    | t,    |  |  |  |  |
| INTERVAL BETWEEN ONSET AND DEATH  |              |            |   |       |  |  |  |  |
| 2/  |              | 1          | 70                                      | QUA   |  |  |  |  |
|   |              | -          | 7/1                                     | 7     |  |  |  |  |
|   |              | 1          | 1/24                                    | sea.  |  |  |  |  |
|   |              |            | 1                                       | 1     |  |  |  |  |

| STREET ADDRESS  |  |                |                     | ADDRESS                               |          |                       |              |          |          |          |
|---|--|----------------|---------------------|---------------------------------------|----------|-----------------------|--------------|----------|----------|----------|
|   | irst)  | (Middle)       |                     | (Lost)                                |          | 4. DATE (Mor          | nth)         | (Day)    | (Ya      | ar)      |
| (Type or Print) Fra:  | nces E   |                | Jac                 | kson                                  |          | DEATH 1               | .2           | 31       | 19       | 58       |
| S. SEX   6. COLOR OF  |  |                | 8. DATE             | OF BIRTH                              | 9.       | AGE lest birthday     | IF UNDER     | -        | _        | R 24 HRS |
| Female   White  | WIDOWED, DIV   |                | 12-                 | 17- 1890                              | (        | 68 yrs.               | Months       | Deys     | Hours    | Min.     |
| 10e, USUAL OCCUPATION (Give k done during most of working retired) HOUSE W          | ife, even if OR  | ID OF BUSINESS |                     | 11. BIRTHPLACE (Steta or for New York | oreign c | country)              | 12           | CITIZE   | N OF WH  | IAT      |
| 13. FATHER'S NAME   |  |                |                     | 14. MOTHER'S MAIDE                    | N NAM    | AE                    |              |          |          |          |
| Patrick   | murphy   |                |                     | Hanr                                  | nah      |                       | Hick         | ey       |          |          |
| 15. WAS DECEASED EVER IN U. S   | . ARMED FORCES?   16   | . SOCIAL SECUI | RITY NO.            | 17. INFORMANT                         | & ADDI   | RESS                  |              |          | Md       |          |
| (Yes, ROOr unk.) (If Yes, give w  | er or detes of service)  | None           |                     | Chester                               | : S.     | .Jackson              | .Por         | t De     | pos      | Lt,      |
| I DISEASES OR CONDITIONS DIR  | ECTLY LEADING TO DEATH   | 18. MED        | ICAL CE             | RTIFICATION                           | 1        | 1                     |              |          | RVAL BET |          |
|   | CILI LIADING TO DIATIT   | 16000          | 20 17 12            | · O XON                               | 111      | Rion                  |              |          | 7        | Col      |
| 420. / IMMEDIATE CAUSE  | (A)  | 0000           | from C              | 1 Cece                                | CU       | LLCIV                 |              |          | J-00     | 24       |
| ANTECEDENT CAUSE  |  | 19792          | 000                 | Stoner                                | 100      |                       |              | 1        | 1/2      | yes      |
| DISEASES OR CONDITIONS, IF  | AUSE TO  | 011111         | 7                   | - HORES                               |          |                       |              |          | (        | 1        |
| STATING UNDERLYING CAUSE I  | AST. CC)   |                | (/                  |                                       |          |                       |              |          | ,        | 1        |
| TO THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSI | D TO THE   | Mex            | rea                 | relits                                |          |                       |              | (        | Sey.     | 20-      |
| 19a. DATE OF OPERATION  | . 19b. MAJOR FINDINGS  | OF OPERATION   |                     |                                       |          |                       |              | YES      | ANTOP    | _        |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D                             | EATH OF INJURY street, of  |                |                     | 21c. WHERE DID INJURY OC              | CUR?     | (City or town)        | (Cou         | nty)     | (Stef    | e)       |
| 21d. TIME OF INJURY (Month)   | Dey) (Yaer) (Hour) 21e.<br>Whil  |                | while               | 21f. HOW DID INJURY OC                | CUR?     |                       |              | -49      |          |          |
| 22. I hereby certify the  |  | 7.             | 111                 | 14 1258 , to 1                        | 121      | E 11/1955             | , that I     | last sav | w the de | ceased   |
|   | A STATE OF THE REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF |                |                     | M, from the                           |          |                       |              |          |          |          |
| SIGNATURE   | an Odh   | nnon           | ,                   |                                       |          | SS (Street, city, tow |              |          | DATES    | IGNED    |
| 23. BURIAL, CREMATION,  | DATE THEREOF   | NAME OF C      | M. D.<br>EMETERY OR | CREMATORY                             | 1/1      | OCATION (City, tow    | n, or county | 1)       |          | (Stety)  |
| REMOVAL (SPECIFY) BUT181  | 1-3-1959   | Bro            | okvie               | w Gem.                                | ]        | Rising S              | un,          | Md.      |          |          |
| 24. REC'D BY REGISTRAR  | REGISTRAR'S SIGNATURE  |                |                     | 25. FUNERAL DIRECTOR                  |          |                       |              | ADDRESS  |          |          |
| DATE JAN 5 '59  | arthur L. Kows   |                |                     | Need Pett                             | erre     | MG Lower              | erry         | vill     | Le,M     | a d      |

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit. by be retained by the hospital or attending physician. The bottom cop

A15C 1-55 10M

### CERTIFICATE OF DEATH

Lorent , Jiaonse Sycy was Port of allender the state SOFT STATE SERVICES OF THE SERVICES Promise tros. gode out & Tapacity West West Told of the THE THE STREET SELECTION BUNGELL PRINCELL STREET

| \$ \$   |                       |  |           |
|---|-----------------------|--|-----------|
| Poge director.  |                       | PLACE OF DEATH COUNTY Cecil  |           |
| O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director page 3 should detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 and be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.  |                       | b. CITY OR TOWN (IF<br>RURAL ond give nec<br>Perry Poir  | prest tow |
| 20 20 20 20 20 20 20 20 20 20 20 20 20 2  |                       | d. NAME OF HOSPITA   |           |
| ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs by the hospital ar altending physician.  STOR: After this certificate has been signed by the ottending physician and completely filled in by detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 to burial, cremation, or remayal, and in any event within 72 hours after death.  | 3.                    | NAME OF<br>DECEASED<br>(Type or print)   |           |
| vithin 2.<br>ely fille<br>Pages   | 5. 5                  | SEX  | 6. COL    |
| S et d  |                       | Male   | Wh        |
| if the death certificate be executed the ottending physician and comple. Then please remave corban papers, vent within 72 hours after death.  | 10a                   | . USUAL OCCUPATIO<br>during mast of warki  | N (Give   |
| o pund de de  |                       | Clerk  |           |
| be be   | 13.                   | FATHER'S NAME  |           |
| s o o o o o   |                       | Alford G.  | Jam       |
| death certificate be execu-<br>ottending physician and cor-<br>please remave corban pag<br>within 72 hours after death  | 15.                   | WAS DECEASED EVER  | IN U. S   |
| g p   | {Te:                  | Yes (  |           |
| din<br>din<br>in 7  | -                     | 18. CAUSE OF DEAT  | TH [Ent   |
| dec<br>dec<br>dec<br>vith   |                       |  |           |
| he on the   |                       | PART I. DEAT   | IMMEDI    |
| y the Then  |                       | 420.0  |           |
| uires th<br>gned by<br>permit.<br>in any  |                       | Conditions, if an  |           |
| nec in o  |                       | gove rise to im<br>couse (a), stating to   | medio     |
| signification of the property | -11                   | lying cause last.  | onde      |
| ATTENDING PHYSICIAN: The low requir by the hospital or attending physician.  **TOR: After this certificate has been signed accorded for use as the burial-transit per lo burial, cremotian, or remayal, and in  | MEDICAL CERTIFICATION | PART II. OTH   | ER SIGN   |
| ing p<br>te ho<br>buri<br>rem   | TIFIC                 | 20g. ACCIDENT WAS<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY A   | UNDER     |
| IAN<br>Fica<br>The<br>or  | CE                    | (IF EITHER, NOTIFY A   | MEDICAL   |
| SIC affi  | CAL                   | 20c. TIME OF INJURY  | Mantl     |
| HYSe use moti   | AED                   | Hour o.m.<br>p.m.  | TTA       |
| Pito<br>For the   |                       | 21. I certify the  | X at      |
| DIP<br>hos<br>hed<br>hed<br>riol,   |                       | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.   |           |
| TEN<br>The<br>The<br>Stock  |                       | 30000000000  | ممم       |
| NOSPITAL OR ATTENDING PH<br>may be retained by the hospital<br>of FUNERAL DIPECTOR: After this<br>page 3 should detached far ut<br>the registrar prior to burial, crem  |                       | ACTUAL SIGNATURE   | ook       |
| oine<br>oine<br>pre   |                       | THE STATE OF THE S | 1         |
| O HOSPITAL OR<br>may be retoined<br>O FUNERAL DIPE<br>page 3 shauld<br>the registrar prio   |                       | PHYSICIAN'S<br>NAME (Type) J   | . C.      |
| DSP<br>be<br>be<br>3  | 22a                   | BURIAL, CREMATION  | 4. 22b.   |
| HO FO   |                       | REMOVAL (Specify) Removal  | 1         |
| 0 0 0 0 =   | 00                    | CITY AND DISCOURSE   | CICNIA    |

VS A15 (4) 15M 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13635 CERTIFICATE OF DEATH

| 200   |                            |   | Keg. Dis  | t. No.                        |
|---|----------------------------|---|---|-------------------------------|
| I. PLACE OF DEATH  G. COUNTY  Cecil   | MARYLAND                   | 2. USUAL RESIDENCE (Who                                       | ere deceased lived. If institution: Residenc<br>b. COUNTY Arl | e before odmission)<br>ington |
| b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Perry Point   | c. LENGTH OF STAY IN 16    | c. CITY OR TOWN (IF or Arlington                              | utside corporate limits, write RURAL and g                    | ive nearest town)             |
| d. NAME OF HOSPITAL (If not in haspital, give street<br>OR INSTITUTION  |                            | d. STREET ADDRESS   |   | e. IS RESIDENCE<br>ON A FARM? |
| Veterans Administration   | Hospital                   | 2719 S. Way   | ne Street   | YES NO                        |
| 3. NAME OF DECEASED (Type or print) GEORGE  | Middle<br>A •              | JAMES   | 4. DATE Month OF DEATH December                               | Doy Yeor<br>26 1958           |
| 5. SEX 6. COLOR OR RACE 7. MAR  | RIED NEVER MARRIED         | B. DATE OF BIRTH  | 4 4 4 4 4 4   | YEAR IF UNDER 24 HRS.         |
| Male White WIDOW  |                            | 9-15-01   | 57 yrs.   | Doys Hours Min.               |
| Oa. USUAL OCCUPATION (Give kind af work done 10b during mast of warking life, even if retired)  |                            |   |   | ZEN OF WHAT COUNTRY           |
| Clerk 3. FATHER'S NAME  | Inknown                    | Wachaprea   |   | S.A.                          |
|   |                            |   |   |                               |
| Alford G. James  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16   | SOCIAL SECURITY NO. 17     | Georgie N   | OCK Address   |                               |
| (Yes, no. or unknown) (If yes, give wor or dates of service)  |                            |   |   | b no freezi                   |
|   |                            | spital record   | s, VAH, Perry Point   |                               |
| 18. CAUSE OF DEATH [Enter only one couse per ! PART I. DEATH WAS CAUSED BY: AT  | teriosclerotic             | heart disease   | severe  | ONSET AND DEATH               |
| IMMEDIATE CAUSE (o)   | 00110001010010             | 110010 01.00000   | , 50,020  | Unknown                       |
| 420.0 DUE TO  | teriosclerosis             | generalized   | Severe  | Unknown                       |
| gove rise to immediate  | od lobota obib             | , generalizate,   | 561616  | OTHER TOWN                    |
| couse (a), stating the under-   |                            |   |   |                               |
| lying cause last. (c)   | CONTRIBUTING TO DEATH BUIL | NOT BELLTED TO THE YEAR                                       | District Co.  | 1 12 144 147 147              |
| PART II. OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING TO DEATH BUT  | NOT RELATED TO THE TERMIT                                     | NAL DISEASE CONDITION GIVEN IN PART                           | PERFORMED? YES NO             |
| PART II. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE   | D. (Enter nature of injury in P                               | ort I or Port II of item 18.)                                 |                               |
| Hour o. m. While  |                            | ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) | 20f. (City or town) (C  | ounty) (State)                |
| 21. I certify that attended the decea   | sed from Dec. 10           | , 1958 , to De  | c. 26, 1958 XWGXXX  | en describedesess             |
| 200000000000000000000000000000000000000   | COCCC, and that death      |   |   |                               |
| 1 1 1 1 1 1   | 1                          |   | ADDRESS (Street, city or town, stote)                         | DATE SIGNE                    |
| SIGNATURE JOSEPH C. SI  | asberger                   | M.D. V.A. Hospi   | tal, Perry Point, M   | Id. 12-27-                    |
| PHYSICIAN'S J. C. GRASBERGE   | R, M.D. Acting             |   | ofessional Services   |                               |
| 2a. BURIAL, CREMATION. 22b. DATE THEREOF,   | 22c. NAME OF CEMETERY C    | R CREMATORY   | 22d. LOCATION (City, town, or county)                         | (Stote)                       |
| Removal (Specify) 12/30/38  | TArlington Nat             |   | Arlington, Virginia   |                               |
| 3. FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                    | 24a. REC'D  | BY REGISTRAR 246. REGISTRAR'S SIG                             | NATURE                        |
| HANGEN TON & BONT For.  | 77. 3 0                    | Md. DATE JA   | IN 2 '59 arithur 8.   | Haus                          |

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hours after death.

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

|                  | MTMECTED TO  | SSI CERTIFICAL                               |                  |
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| Ligal            | 202 L .  | numin<br>Tan.26 deye                         | ItomS Court No.  |
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MARY AND STATE DEPARTMENT OF LIGHT CALTINGE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

| 13637  | CERTIFICA                                | ATE OF DEATH   |                          | Reg. Dist.                   | No.   |
|--|--|--|--------------------------|------------------------------|---|
| 1, PLACE OF DEATH o. COUNTY  | MARYLAND                                 | 2. USUAL RESIDENCE (Who o. STATE Mary                        |                          | institution: Residence OUNTY | before admission)                               |
| b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)   | c. LENGTH OF STAY IN 16                  | c. CITY OR TOWN HE ON  | utside corporate limits, | write RURAL and glv          | e nearest town)                                 |
| d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Mt. Sorah   | roddress) l                              | d. STREET ADDRESS  mt. Se                                    | rah Ro                   | rh                           | IS RESIDENCE     ON A FARM?     YES    NO    NO |
| 3. NAME OF DECEASED (Type or print)  | Middle<br>S.                             | Johes  | 4. DATE<br>OF<br>DEATH   | Month<br>12                  | Doy Yeor<br>7 19\8                              |
| 5. SEX Ale 6. COLOR OR RACE 7. MARRI   |  | 8. DATE OF BIRTH  Mev. 25, 1                                 | 892 9. AGE (1) lost bir  |                              | YEAR IF UNDER 24 HRS.  Oys Hours Min.           |
| 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | rivate Famil                             |  | or foreign country)      | ned. 12. CITIZ               | EN OF WHAT COUNTRY                              |
| 13. FATHER'S NAME I Jame   | e Jones                                  | 14. MOTHER'S MAIDEN N  | e B                      | adfor                        | L   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [If yes, give wor or dates of service)                                      | 11 50 701 7                              | bro. Vivian De   | my- 24                   | Address de .                 | Gree m  |
| 18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  | eter (o). (b) rend (c).]                 | decomb   | maliano                  | 2                            | INTERVAL BETWEEN ONSET AND DEATH                |
| Conditions, if ony, which gove rise to immediate DUE TO  | Interioral                               | enotic her   | ind de                   | elna                         | 5 year  |
| lying couse lost. (c)  | CALITAINITING TO OF ATH PHI              | NOT BELLETED TO THE TERMIN                                   | AND DISEASE CONDIT       | ION CIVEN IN BART            | A NAS AUTOREY                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ONTRIBUTING TO DEATH BUT                 | NOT KEENTED TO THE TEXMIN                                    | NAL DISEASE CONDIT       | ON GIVEN IN PART I           | PERFORMED? YES NO                               |
|  | TRIBE HOW INJURY OCCURRE                 | D. (Enter noture of injury in P                              | ort I or Port II of item | 18.)                         | A A   |
| A Hour a.m. While  | NJURY OCCURRED 20e. PL Not while of wark | ACE OF INJURY (Home, form, ctory, street, office bldg., etc. | 20f. (City or town)      | (Co                          | unty) (State)                                   |
| 21. I certify that I attended the decease  | 6  | occurred at  |                          |                              | st saw the deceased                             |
| ACTUAL SIGNATURE   | anho                                     |  | ADDRESS (Street, city of |                              | DATE SIGNE                                      |
| PHYSICIAN'S NAME (Type)  | axore                                    | I Ri   | sing ?                   | Sun, M                       | 10).  |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12-10-58   | Int. Jora                                | L Cemetery   | 22d LOCATION (City       | town, or county)             | (Stote)   |
| 23. BUNERAL DIRECTOR'S SIGNATURE   | Havre de 18                              | 240. REC'S   | O BY REGISTRAR 24        | b. REGISTRAR'S SIGN          | MATURE  |
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|           |   |            |             | 1332. |   |

# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DE TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 80 or 15 Health, are fire designated agent, prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57 3

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

|   |  |               |                                  |  |               |                  |                                   | Keg. DIS         | H. FVO.  |   |
|---|--|---------------|----------------------------------|--|---------------|------------------|-----------------------------------|------------------|----------|---|
| 1. PLACE OF DEATH   |  |               |                                  |  | SIDENCE (W    | Vhere decease    | d lived. If institu               | tion: Residen    | nce befo | ore admission)                          |
| Cec   | cil  |               | MARYLA                           | IND O. STATE                             | Maryl         | and              | b. COUNT                          | Cecil            |          |   |
| b. CITY OR TOWN (I'mend give negres! lowr   | t autside corporate limits, write                | RURAL         | c. LENGTH OF STAY IN             | 1b c. CITY O                             | R TOWN (If    | outside corp     | orate limits, write               | -                |          | orest town)                             |
| Port Depos  |  |               | 10 yrs.                          | X Por                                    | t Den         | osit,            | CER                               |                  |          |   |
|   |  | f not in hosp | pital, give street address)      | d. STREET                                |               | 0020             | 11.1.1                            |                  |          | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3. NAME OF  | Firs   | it.           | Middle                           | Los                                      | 17            | 4. DATE          | Mont                              | 2                | Day      | Yeor                                    |
| (Type or print)   | Eugene   | -             | 0.                               | Keit                                     | 1270          | OF<br>DEATH      | Dec                               |                  |          | 1958                                    |
| 5. \$EX   |  | 7. MARRIE     | D NEVER MARRIED [                | 8. DATE OF BIRT                          | Н             |                  | 9. AGE  In years   lost birthday) | IF UNDER 1       |          | IF UNDER 24 HRS.                        |
| male  | Colored  | WIDOWED       | DIVORCED [                       | June 9,                                  | 1891          |                  | 67 yrs.                           | Months D         | Days     | Hours Min.                              |
| 100. USUAL OCCUPATION   | ON (Give kind of work ong life, even if refired) | done 10b. K   | IND OF BUSINESS OR IN            | DUSTRY 11. BIRTHP                        | LACE (Slote   | or foreign co    | untry)                            | 12. CITIZ        | ENOF     | WHAT COUNTRY?                           |
| Laborer   | ,,   | G             | eneral                           | South                                    | Carol         | ine              |                                   | US               | SA       |   |
| 13. FATHER'S NAME   |  |               |                                  | 14. MOTHER'S                             |               |                  |                                   | W. Ja            | -        |   |
| William E   | Keith  |               |                                  | Unk                                      | mown          |                  |                                   |                  |          |   |
| 15. WAS DECEASED EV   | ER IN U. S. ARMED FO                             | RCES? 16.     | SOCIAL SECURITY NO.              | 17. INFORMANT                            |               |                  | Address                           |                  |          |   |
| No No   | (If yes, give war or dates of                    |               | 6-05-2310                        | Geneva H.                                | Keith         | , Port           | Deposit                           | , RFD,           | Md       |   |
| PART I. DEA  4 20. /  Conditions, if a gove rise to imme (a), staling the cause fost. | diote cause<br>underlying DUE TO<br>(c)          | Cor           | onary Occlus                     |  |               |                  |                                   |                  | ONSET    | IAL BETWEEN<br>AND DEATH                |
| CAT   |  |               | NTRIBUTING TO DEATH E            |  |               |                  |                                   | EN IN PART       |          | PERFORMED?                              |
| 200. EXTERNAL CAPRIMARY OF CO<br>CAUSE OF DEATH.                                      | NTRIBUTING []                                    | D. DESCRIBE   | HOW INJURY OCCURRE               | .U. (Enler noture of I                   | njury in Port | t I or Part II e | of item 18.)                      |                  |          |   |
| 20c. TIME OF INJU<br>Hour a.m.<br>p. m.   | RY Month, Day, Yea                               | While         |                                  | PLACE OF INJURY (factory, street, office |               |                  | or town)                          | (Coun            | nty)     | (State)                                 |
|   |  | Natural c     | emains described auses 🕱, Accide | nt, Suicid                               | de □, H       | Homicide         | 12                                | Inquiry rmined m | anner    | and in my                               |
| EXAMINER'S<br>NAME (Type)   | allh   | 10            | elser                            | 1  |               | AL EXAMINER      |                                   |                  |          |   |
| 220. BURIAL, CREMATIC<br>REMOVAL (Specify   |  |               | 22c. NAME OF CEMETERY            |  |               |                  | ION (City, town,                  |                  |          | (Stote)                                 |
| Burial  | 12/20/5  | 8             | Cokesbury Co                     | emetery                                  | Ta            | Port             | Deposit                           | RED, I           | Md.      |   |
| 23. FUNERAL DIRECTOR  | S SIGNATURE                                      | . 1           | ADDRESS                          |  |               | D BY REGISTR     | AR 24b. REGIS                     | STRAR'S SIGN     | NATURE   | CALCALICA                               |
| 1 4 CC 11 11 G  | Merwon   | + 20          | Perryvil:                        | le. Md.                                  | DATE          | 0 2 2 '58        | an                                | hun 8. 4         | Travel   |   |

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VS A1S (4) 15M 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13618 **CERTIFICATE OF DEATH** 

|   |  |            |                        |                  |  |                             |                        |                      | Keg. D     | IST. No   |            |                                    |
|---|--|------------|------------------------|------------------|--|-----------------------------|------------------------|----------------------|------------|-----------|------------|------------------------------------|
| 1. PLACE OF DEATH   |  |            |                        |                  | 2. USUAL RESID                         | ENCE (Who                   | ere deceased           | lived. If instituti  | on: Reside | nce befo  | re admiss  | ion)                               |
| Cecil   |  |            | MARYL                  | AND              | Mary                                   | 11and                       |                        | D. COOI411           | (          | Ceci:     | 1          |                                    |
| RURAL and give no   | •  | s, write   | c. LENGTH OF STAY I    | N Ib             | c. CITY OR T                           | OWN (If a                   |                        | rate limits, write R | URAL and   | give ne   | grest town | )                                  |
| Elkt  |  |            |                        |                  | 7                                      |                             | Child                  | S                    |            |           |            |                                    |
| OR INSTITUTION  | TAL (If not in hospitol, g<br>Union            | ive street | oddress)               |                  | d. STREET A                            | DDRESS                      |                        |                      |            |           |            | FARM?                              |
| 3. NAME OF<br>DECEASED<br>(Type or print)   | Fin<br>Ca                                      | roli       | Middle                 | A                | Kirkpat:                               | rick                        | 4. DATE<br>OF<br>DEATH | Mar                  | 12         | 5         | y )        | Yeor<br>19 58                      |
| 5. SEX  | 6. COLOR OR RACE                               | 7. MARR    | HED NEVER MARRIE       | рП (8            | . DATE OF BIRTH                        |                             |                        | 9. AGE (In years     | IF UNDE    | R 1 YEAR  | IF UNDE    |                                    |
| Female  | White  | WIDOWI     |                        |                  | Jan 10                                 | 1876                        | ó                      | last birthday)       | Manths     | Days      | Haurs      | Min.                               |
| 100. USUAL OCCUPATION   | ON (Give kind of work                          | lane 10b.  | KIND OF BUSINESS OF    | NDUS             | TRY 11. BIRTHPL                        | ACE (State                  | ar fareign co          | ountry)              | 12. CI     | TIZEN C   | F WHAT     | COUNTRY                            |
|   | king life, even if retired)<br>ewife           |            | _                      |                  | Ma                                     | rv1ano                      | 1                      |                      |            | ,         | USA        |                                    |
| 3. FATHER'S NAME  | 017  |            |                        |                  | 14. MOTHER'S                           | -                           |                        |                      |            |           | -          |                                    |
| Toh   | n Deirling                                     |            |                        |                  | 100                                    |                             | Gatten                 |                      |            |           |            |                                    |
| 15. WAS DECEASED EVE  |  | CES? 16.   | SOCIAL SECURITY NO.    | 17. IN           | FORMANT                                | 2002                        | 3000000                | Add                  | ress       |           |            |                                    |
| IYes, no or unknown) 110  | (It yes, give wor or dates of se               | rvice)     |                        | N                | irs Marg                               | aret H                      | lasson                 |                      | lds,       | Mar       | y1and      | 1                                  |
| 153.8<br>Canditions, if a<br>gave rise to it<br>cause (a), stating<br>lying cause last. | the under-                                     |            | arcinoma of            |                  | colon                                  |                             |                        |                      |            |           | SET AND    |                                    |
| PART II. OTH  | TEK SIGNIFICANI CON                            | JIIIONS C  | ONTRIBUTING TO DEA     | IH BUIT          | NOT RELATED TO                         | THETERMIN                   | NAL DISEASI            | E CONDITION GIV      | EN IN PA   | RT 1(a) 1 | PERFO      | RMED?                              |
|   | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES   | CRIBE HOW INJURY OC    | CURRED           | . (Enter nature al                     | injury in P                 | art I ar Part          | II of item 18.)      |            |           |            |                                    |
| 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.   | Y Manth, Day, Yea                              | While      | Nat while              | 20e. PLA<br>fact | CE OF INJURY (F<br>ary, street, affice | lame, farm,<br>bldg., etc.) | 20f. (City             | ar tawn)             |            | (County)  |            | (State)                            |
| ₹ p. m.   | 19   | at war     | k   at wark            | 27               | 56                                     | Dec                         | 1 2                    | <b></b>              |            | 1         |            |                                    |
| 21. I certify the alive on  | at 1 attended the                              |            | ed from                |                  | occurred at                            | 2:50p<br>3 E. 1             | _M, fran               | the causes o         | and on t   |           |            | decease:<br>ed above<br>ATE SIGNEI |
| PHYSICIAN'S<br>NAME (Type)  | S. Ralph                                       | Andr       | ews, Jr. M.            | D.               | E                                      | lkton                       | , Mary                 | rland                |            |           |            |                                    |
| 220. BURIAL, CREMATIO<br>REMOVAL (Specify)<br>Burial                                    | 12-9-1   |            | 22c. NAME OF CEMEN     |                  | CREMATORY Method                       |                             | 22d. LOCAT             | North E              | ar county) | Mar       | (State     |                                    |
| 23. FUNTERAL DIRECTOR   |  |            | ADDRESS<br>North East, |                  | ***                                    |                             | BY REGIST              |                      | STRAR'S SI | GNATU     |            |                                    |

|   |  | ATE OF DEA           | CERTIFICA |   |  |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

13621

|               |  | 13   | 639          | CERTI                        | FIC     | ATE OF D                               | EATH                       |                        |                                      | Reg. D      | ist. No.          |              |                                  |
|---------------|--|--|--------------|------------------------------|---------|--|----------------------------|------------------------|--------------------------------------|-------------|-------------------|--------------|----------------------------------|
| 1. Pt         | ACE OF DEATH   |  |              | MARY                         | LAND    | - CTATE                                | Mary1a                     |                        | d tived. If institut<br>b. COUNTY    | and the     | ce befor          | e admis      | sion)                            |
| b.            | CITY OR TOWN (IF RURAL and give ne                       | outside corporate limi<br>prest town)<br>In East | ts, write    | c. LENGTH OF STAY            |         | H                                      | OWN (If or                 |                        | rote limits, write l                 | RURAL ond   | give nea          | rest tow     | n)                               |
| d.            | NAME OF HOSPITA  | AL (If not in hospitol, g                        | ive street ( | oddress)                     |         | d. STREET A                            | DDRESS                     |                        |                                      |             |                   | ON           | FARM?                            |
|               | AME OF<br>ECEASED<br>ype or print)                       | fir<br>Wal                                       | ter          | Middle P.                    |         | Lewis                                  | 1                          | 4. DATE<br>OF<br>DEATH | Mo<br>12                             |             | Day               | 3            | Year<br>19 <sup>58</sup>         |
| 5. SE         | x<br>Ma <b>le</b>  | 6. COLOR OR RACE                                 | 7. MARR      | DIVORCE                      | _       | 8. DATE OF BIRTH                       | 1<br>0 <b>–1</b> 880       | )                      | 9. AGE (In years last birthdoy) yrs. | IF UNDER    | Days              |              | ER 24 HRS.<br>Min.               |
| 100.          | USUAL OCCUPATIO<br>during most of work<br>Trackman       | N (Give kind of working life, even if retired 10 | ys           | Penna R.                     |         |  | ACE (Stote of              |                        | ountry)                              | 12. CI      | TIZEN O           |              | COUNTRY                          |
| 13. F         | ATHER'S NAME   |  |              |                              |         | 14. MOTHER'S                           | MAIDEN N                   | AME                    |                                      |             |                   | •            |                                  |
|               | Davi   | d Lewis  |              |                              |         | PERM                                   | Sabir                      | ia Har                 | ris                                  |             |                   |              |                                  |
| 15. V         | AS DECEASED EVER   | IN U. S. ARMED FOR                               | CES? 16.     | SOCIAL SECURITY NO           | ). 17.  | INFORMANT                              |                            |                        | Add                                  | fress       |                   |              | 51111                            |
|               | no   |  | 7            | 717-07-5362                  | 2       | Mrs Ged                                | orgiar                     | na Lew                 | is North                             | East        | , Mc              | l            |                                  |
| 1             | 8. CAUSE OF DEA  | TH [Enter only one co                            | use per lir  | ne for (o), (b), and (c).    | ]       |  |                            |                        |                                      |             |                   |              | TWEEN                            |
|               | PART I. DEAT   | H WAS CAUSED BY:                                 | , /          | Nyocar                       | rle     | al F                                   | ar                         | lur                    | P                                    |             | UNS               | A 17 1       | DEATH                            |
|               | 422.1  | DUE TO   |              | 0                            |         |  |                            |                        |                                      |             |                   |              |                                  |
|               | Conditions, if or  | y, which )                                       | ART          | FRIDSCLE                     | ROT     | 15 CARDIO                              | VASC                       | ULAR                   | Dist                                 | ASE         | 1                 | /EA          | RS                               |
|               | gove rise to in  | mediate (  | 11111        |                              |         | 71 21111                               |                            |                        |                                      |             |                   |              |                                  |
|               | couse (o), stoting t<br>lying couse lost.                | he <u>under-</u>                                 | GE           | NERALI                       | ZET     | ARTER                                  | 210:                       | SCLE                   | ROSIS                                | S           |                   | EA           | R5                               |
| CERTIFICATION | PART II. OTH   |  |              | ONTRIBUTING TO DE            | ATH BUT | NOT RELATED TO                         | THE TERMIN                 | NAL DISEAS             | E CONDITION GI                       | VEN IN PAI  | RT 1(o) 11        | PERFC<br>YES | AUTOPSY<br>ORMED?                |
|               | ROG. ACCIDENT WA<br>OR CONTRIBUTING<br>IF EITHER, NOTIFY | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)   | 20b. DESC    | CRISE HOW INJURY O           | CCURRE  | D. (Enter noture of                    | f injury in P              | ort I or Por           | t II of item 18.)                    | 8/4         |                   |              |                                  |
| MEDICAL       | Oc. TIME OF INJURY<br>Hour o. m.<br>p. m.                | Month, Doy, Ye                                   | While        | Not while                    | 20e. Pt | ACE OF INJURY (Foctory, street, office | Home, farm,<br>bldg., etc. | 20f. (City             | or town)                             | (           | County)           |              | (Stote)                          |
| 2             |  | at I attended the                                | 19-          | ed fram NOV<br>SR,, and that |         |  | 10-1                       | .M, fran               | n the causes of treet, city or town. | and an I    | last sa<br>he dat | e stat       | decease<br>ed abave<br>ATE SIGNE |
|               | BURIAL, CREMATION<br>REMOVAL (Specify)<br>Burial         | 12-14-19   |              | Princip                      |         | or CREMATORY Methodist                 |                            |                        | TION (City, town,                    |             | 20                | (Stot        | (e)                              |
| 23. P         | THERAL DIRECTORS   |  | Nort         |                              |         |  | 240. REC'D                 | BY REGIST              |                                      | ISTRAR'S SI |                   |              |                                  |
| 1             | toseph O   | Frank  | Nor          | th East, Ma                  | alyl    | and                                    | DATDEC                     |                        |                                      | Guir &      |                   |              |                                  |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and completely filled in by a funeral director, page 3 should detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and in the registrar prior to burial, cremation, or remayal, and in any event within 77 maurs ofter death.

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| VS  | A15  | (4) |
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|  |   | 1  | 361                            | 9 CERTIFI                 | CAT                 | E OF DEA                                 | TH                       |  | Reg. Dist    |                     | 046                    |
|--|---|--|--------------------------------|---------------------------|---------------------|--|--------------------------|--|--------------|---------------------|------------------------|
| 1.   | PLACE OF DEATH<br>o. COUNTY   | 11   |                                | MARYLAI                   |                     | USUAL RESIDENCE                          | (Where deceo             | sed lived. If institut<br>b. COUNT           |              | before od           | mission)               |
|  | b. CITY OR TOWN (III  | outside corporate limi   | ts, write                      | c. LENGTH OF STAY IN      |                     |  | (If outside correct Eas  | porate limits, write                         | RURAL ond gi | ve nearest          | lown)                  |
|  | OR INSTITUTION  | AL (If not in hospital, g  |                                | ddress)                   |                     | d. STREET ADDRES                         | SS                       |  |              | 0                   | RESIDENCE<br>N A FARM? |
| 3.   | NAME OF<br>DECEASED<br>(Type or print)  | olive  |                                | Middle<br>Shallcress      |                     | Lowe                                     | 4. DATE<br>OF<br>DEAT    | 10   | onth         | 2<br>Doy            | Yeor<br>1958           |
| 5.   | Fem ale<br>Whi  | 6. COLOR OR RACE   | 7. MARRI<br>WIDOWEI            | DIVORCED                  | 0                   | ept 15 18                                | 91                       | 9. AGE (In years<br>lost birthdoy)<br>67 yrs | Months D     | YEAR IF U           | NDER 24 HRS.           |
| 10   | during most of work   | ON (Give kind of working life, even if retired<br>Sewife         | done 10b. k                    | (IND OF BUSINESS OR I     | NDUSTRY             |  | Stote or foreign         | country)                                     | 12. CITIZ    |                     | HAT COUNTRY?           |
|  | FATHER'S NAME   | oam W Shall  | CTACC                          |                           | 1                   | 4. MOTHER'S MAID                         | EN NAME                  | abbot  | t            |                     |                        |
|  |   | IN U. S. ARMED FOR   |                                | OCIAL SECURITY NO.        | 17. INFO            | Mrs Bess                                 | ie m                     | Bailiff                                      | Nove         | L En.               | et (Rura               |
|  |   | TH [Enter only one co<br>TH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o |                                | e for (a), (b), and (c).] | lman                | ary Oedem                                |                          |  |              | INTERVAL<br>ONSET A | L BETWEEN              |
|  | 260 X<br>Conditions, if or  | DUE TO   |                                | etic Coma                 |                     | en-y-Oction                              | <b>u</b>                 | 3 0∌   | 4 days       |                     |                        |
|  | gove rise to it couse (a), stating lying couse last.  | DUE TO   |                                | Diabetes                  |                     |  |                          |  |              | 10                  | years                  |
| CERTIFICATION  |   | Di bahia   | C                              | Diabetic (                | -<br>Gang:          | rene of f                                | oot                      |  | IVEN IN PART | PE                  | AS AUTOPSY<br>REORMED? |
| 200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  A mputation of left foreleg N ov18/58 |   |  |                                |                           |                     |  |                          |  |              |                     |                        |
| MEDICA   | 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.   | Y Month, Day, Ye   | or 20d. IN<br>While<br>of work | Not while                 | e. PLACE<br>foctory | OF INJURY (Home, v, street, office bldg. | form, 20f. (C<br>, etc.) | ity or town)                                 | (Co          | unty)               | (State)                |
|  | 21. I certify that I attended the deceased from Sep t 13 , 1958, to Dec 2, , 1958, that I last saw the deceased alive on Dec 2, , 1958 and that death occurred at 2,45P M, from the causes and an the date stated above |  |                                |                           |                     |  |                          |  |              |                     |                        |
|  | ACTUAL<br>SIGNATURE   | Wil  | Lu                             | Leulus                    | W.                  | W  |                          | (Street, city or town                        |              | my                  | DATE SIGNED            |
|  | PHYSICIAN'S<br>NAME (Type)  | L.Arthur Ga  | ntwel                          | 1M_D                      | 1                   | North                                    | East, N                  | aryland                                      | 1            | le                  | 3/3                    |
| 22   | BURIAL, CREMATIO  | 7  | 0F<br>958                      | Next End                  | PLET.               | REMATORY                                 | 228. LOC                 | ATION (City, lown,                           | or county) C | ) h                 | Stole) /               |
| 23   | seph K  | s signature<br>Gunt  | no                             | ADDRESS ( )               | nd                  |  | PEC DEC 4                |  | Thun S. H    |                     |                        |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
CERTIFICATE OF DEATH

|       |    |          | HIASG-10 STADHITED PLANS |         |               |         |  |  |  |
|-------|----|----------|--------------------------|---------|---------------|---------|--|--|--|
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|-------------|--|--|----------------|---------------------|---------------|--------|---|------------------------|-----------------------------------|---------------|-----------------|--|
| 1.          | PLACE OF DEATH o. COUNTY Ce  | cil  |                | MAR                 | YLAND         | 1      | SUAL RESIDENCE (Who STATE Maryland                | ere deceased           | l lived, If institu<br>b. COUNT   | YCecil        | e before admi:  | asion)   |
|             | b. CITY OR TOWN (III   | autside corporate limits,                          | write          | c. LENGTH OF STAT   | (IN 1b        |        | CITY OR TOWN (If or                               | utside corpo           | rote limits, write                | RURAL and gi  | ive nearest tax | n)   |
|             | Elkto  |  |                | 77yrs               | 3.            | X      | Elkton,   | R.D.7                  | #3                                |               |                 |  |
| 1           | OR INSTITUTION   | n Hospital   | 11-32          | oddress)            |               | 1      | d. STREET ADDRESS                                 |                        |                                   |               | ON.             | SIDENCE<br>A FARM?   |
| 3.          | NAME OF<br>DECEASED<br>(Type or print)                                 | Harry  |                | Armstro             |               | Lu     | lost<br>ngren                                     | 4. DATE<br>OF<br>DEATH | Dec "                             | onth / E /    | 1958            | Yeor<br>19   |
| 5.          | SEX  | 6. COLOR OR RACE                                   | - MARRI        | ED A NEVER MARR     | IED 🔲         | B. DA  | TE OF BIRTH                                       |                        | 9. AGE (In year<br>last birthday) |               | YEAR IF UND     | The state of the s |
|             | Male   | White  | VIDOWE         | D DIVORC            | ED 🗌          | D      | ec.14. 18   | 80                     | 77 yr                             |               | Days Haurs      | Min.   |
| 10          | . USUAL OCCUPATIO  | N (Give kind of work do ing life, even if retired) | ne 10b. I      | KIND OF BUSINESS    | OR INDU       | STRY   | 11. BIRTHPLACE (Stote                             | or fareign co          | untry)                            | 12. CITI      | ZEN OF WHA      | T COUNTRY?   |
|             | Farm   |  |                | Farming             |               |        | Penns   | ylvar                  | nia                               | U.            | S. A            |  |
| 13.         | FATHER'S NAME  |  |                |                     |               | 14     | MOTHER'S MAIDEN N                                 | AME                    |                                   |               |                 |  |
| L           | John   | Lungren  |                |                     |               |        | Martha Fe   | rgus                   | on                                |               |                 |  |
| 1\$.<br> Ye |  | R IN U. S. ARMED FORCE                             |                | SOCIAL SECURITY NO  |               |        | Mant<br>Minnie K                                  | err                    |                                   | n, R.         | D. 3,           | Elkto  |
|             | Conditions, if or gave rise to in cause (o), stating tying couse lost. | nmediate DUE TO                                    | 0              | irteri              | 20            | 2      | derosi  | 3                      |                                   |               | 100             |  |
| FICATION    |  | IER SIGNIFICANT COND                               |                |                     |               |        |   |                        |                                   | GIVEN IN PART | PERF            | ORMED?   |
| CERTIF      | OR CONTRIBUTING  | S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)   | OB. DESC       | KIBE HOW INJURY     | JCCURKE       | D. (Er | ter noture of injury in P                         | off For Fan            | TEOT HOM IS.)                     |               |                 |  |
| MEDICAL     | 20c. TIME OF INJURY<br>Hour o. m.<br>p. m.                             | Y Month, Doy, Year<br>19                           | While          | Not while of work   | 20e. PL<br>fo | ACE (  | OF INJURY (Hame, form, street, affice bldg., etc. | , 20f. (City<br>)      | or town)                          | (C            | ounty)          | (State)  |
|             | 21. I certify the alive and actual signature Physician's NAME (Type)   | at I attended the a                                | 19<br>19<br>19 | , and tha           | t death       | M.D.   | ourred at (2)                                     |                        |                                   |               | e date stat     |  |
| 22          | BURIAL, CREMATIO<br>REMOVAL (Specify)<br>Burial                        | N, 22b. DATE THEREOF                               | 958            | 22c. NAME OF CEA    | 444           |        |   | 22d. LOCA              | ION (City, town                   | o, or county) | (Sidarylar      |  |
| 23          | FUNERAL DIRECTOR   | S SIGNATURE  | ,              | ADDRESS<br>kton, Ma |               |        | 24a. REC'I  | BY REGIST              | RAR 24b. REG                      | GISTRAR'S SIG | NATURE          |  |

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13640 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. LISUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY Cecil Cecil MARYLAND b. CITY OR TOWN III autside corporate limits, write BURAL LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) North East. R.D. All life North East, R.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE A STREET ADDRESS YES TO NO TO NAME OF First Middle 4. DATE Lost Month Yeor OF William McCall 1058 J. DEATH 72-77-(Type or print) 5. SEX 7. MARRIED MEYER MARRIED K 8. DATE OF BIRTH 9. AGE the years IF UNDER TYPAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [7] 67 yrs DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) Gardner Md. II-S-A-13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Carrie Clark Lewis G. McCall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 218-07-8964 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (0) DUE TO Arterioxistoment Sclerosis Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Fort It of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 3 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry T. and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER R.C. Dodson 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial North East Methodist Md Cem North East **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE North East, Md. City & Hours

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CHECK SIMPOICAL EXAMINERS CERTIFICATE DE DECENTI-

| MARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE | , |
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| 400"     |                  |                     |   |

13641 CERTIFICATE OF DEATH

8 13625 Reg. Dist. No. 96

| 1. PLACE OF DEATH<br>o. COUNTY<br>Ce                            | cil  |            | MAR                             | rland           | 2. USUAL RESIDE                            | ryla:                    | nere decease                   | ed lived. If inst<br>b. COU                   |                | Residence | before ac  | Imissian)               |
|---|--|------------|---------------------------------|-----------------|--|--------------------------|--------------------------------|---|----------------|-----------|------------|-------------------------|
| b. CITY OR TOWN RURAL and give Perry Po                         | (If autside carporate limit nearest tawn)                      | s, write   | 3Yrs 4Mor                       |                 | e. CITY OR TO                              |                          | An .                           | orate limits, wri                             |                | AL and gi |            | fown)                   |
| d. NAME OF HOSP<br>OR INSTITUTION                               | ITAL (If not in haspital, a                                    |            | (ddress)                        |                 | d. STREET AD<br>2823 O                     |                          | and A                          |   |                |           | e. 15<br>C | RESIDENCE<br>IN A FARM? |
| 3. NAME OF<br>DECEASED<br>(Type or print)                       | WILLIAM  | it .       | P. Middle                       |                 | MCGUIRE                                    |                          | 4. DATE<br>OF<br>DEATH         |   | Month 12       |           | 21         | Yeor 58                 |
| 5. SEX MALE   | 6. COLOR OR RACE WHITE   | 7. MARRI   |                                 | -               | 8. DATE OF BIRTH 4-3-91                    |                          |                                | 9. AGE (In ye                                 |                |           | YEAR IF U  | NDER 24 HRS             |
| Watchman  | ION (Give kind of work or<br>orking life, even if retired)     |            | Industry                        | OR INDUS        | Balti                                      | more                     | , Md.                          | country)                                      |                | 1         | EN OF W    | HAT COUNTR              |
| J. MATTH  | EN MCGUIRE   |            | (D)                             |                 | MARY                                       |                          |                                |   |                |           |            |                         |
| IS. WAS DECEASED EV   | YER IN U. S. ARMED FOR   | rvice)     | 16 22 471                       |                 | OSPITAL                                    | RECO                     | RDS,                           |   | Address<br>RRY |           | IT, M      | ARYLAND                 |
|   | ATH [Enter only one contact was Caused by: IMMEDIATE CAUSE (c) | line       | e for (o). (b), and (c).        | ] *             |  |                          |                                |   |                |           |            | L BETWEEN AND DEATH     |
| Canditions, if gave rise to cause (a), stoting lying cause last | the under-   |            | erioscler                       |                 |  |                          |                                |   |                |           | 9 m        | ont hs                  |
| Malnutr   | ther significant contribution and c                            | OITIONS CO | ONTRIBUTING TO DE               | ATH BUT         | NOT RELATED TO T                           | HETERMI                  | nal diseas<br>eacti            | SE CONDITION                                  | GIVEN          | I IN PART | 1(o) 19. W |                         |
| ■ LOR CONTRIBUTION  | AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)         | 20b. DESC  | RIBE HOW INJURY O               | CCURRED         | ). (Enter nature af i                      | injury in I              | Part I ar Pa                   | rt II of item 18.]                            |                |           |            |                         |
| 20c. TIME OF INJU<br>Hour a. m.<br>p. m.                        | 10   | While      | JURY OCCURRED Not while of work | 20e. PLA<br>fac | CE OF INJURY (Ho<br>tary, street, office b | ome, farm<br>oldg., etc. | , 20f. (Cit                    | y ar tawn)                                    |                | (Co       | unty)      | (State)                 |
| ACTUAL SIGNATURE  | R. Burke Su  | e et       | ox, and that                    | death           | occurred at VA Ho                          | 3:40<br>spit             | AM, fro<br>ADDRESS (S<br>al, P | m the cause<br>Street, city or to<br>erry Po: | s and          | d on the  | date s     |                         |
|   | ON, 22b. DATE THEREO   |            | 22c. NAME OF CEM                |                 |  |                          |                                | ATION (City, low                              |                |           | icl        | State)                  |
| 23. FUNERAL DIRECTO   | Falley 131   | & Lug      | WORESS F                        | alb             | Link                                       | 275, 0m ,                | D BY REGIS                     | 0   |                | AR'S SIGN |            |                         |

21 到10州村间15年村(建筑村)0 为公园的顶街011万台。010约13400 MANUFACATE OF DEATH THE PARTY NAMED IN COLUMN proprietable and the second of the second 

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farmarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B of Health, ar its designated agent, prior to burial, cremation, or removal, and in early event within 72 hours after death. 

VS. A15ME 5M 2/57

2

# 13

| MA  | KILAND STATE DEPARTMENT OF HEALTH—BALTIMOKE, | 18 1110        |
|-----|--|----------------|
| 001 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH      | 10021          |
| OGI |  | Reg. Dist. No. |

| 1. PLACE OF DEATH                                   | C  | ecil          | MARY                                | LAND   |  | oce (Where deced       |                        | rv                                       | nce before odmission)                      |
|---|--|---------------|-------------------------------------|--------|--|------------------------|------------------------|--|--|
| b. CITY OR TOWN  <br>and give nearest fow           | outside corporate fimits, write Elkton                     | RURAL         | c. LENGTH OF STAY I                 | N 1b   | c. CITY OR TO                          | WN (If aulside con     |                        | RURAL and                                | give neorest town)                         |
|   | na. Ave.   | F not in hosp | itol, give street oddress           | )      | d STREET ADDI                          | Penna.                 | Ave.                   | 943                                      | e. IS RESIDENCE<br>ON A FARM?<br>YES NO    |
| 3. NAME OF<br>DECEASED<br>(Type or print)           | Herbert  | £\$           | Middle<br>Gray                      | Mo     | lost Neal                              | 4. DATE<br>OF<br>DEATH | Mont                   |  | Doy Yeor                                   |
| 5. SEX  | 6. COLOR OR RACE   | 7. MARRIED    | NEVER MARRIED                       | _      |  |                        | 9. AGE (In venue       | IF UNDER                                 |  |
| Male  | White  | WIDOWED       |                                     |        | Jan. 3.                                | 1883                   | fost birthday) 75 yrs. | Manths [                                 | Days Hours Min.                            |
| 10a. USUAL OCCUPATE during most of working Paper    | ON (Give kind of wark on his life, even if retired) Worker |               | nd of Business or i                 | NDUSTR |  | (State or foreign      | 1                      | 12. CITIZ                                | ZEN OF WHAT COUNTRY?                       |
| 13. FATHER'S NAME                                   |  |               |                                     |        | 14. MOTHER'S MAI                       |                        | -15.0                  |  |  |
| Geor  | ge W. Mc   | Neal          |                                     |        | In                                     | dia T.                 | Logan                  |  |  |
| 15. WAS DECEASED ET [Yes, no. or unknown] No        | /ER IN U. S. ARMED FO<br>(If yes, give war or dates of     | servicet      | 0CIAL SECURITY NO. 8-01-8131        |        | ernon M                                |                        | Elkton                 |  |  |
|   | underlying DUE TO  | Accu          |                                     |        |  | on                     |                        |  | nterval Between distract and Death 30 Min. |
|   | USF WAS 20   | DITIONS COP   | NTRIBUTING TO DEATH                 |        |  |                        |                        | VEN IN PART                              | PERFORMED? YES NO 50                       |
| CAUSE OF DEATH  20c. TIME OF INJU  Hour o. m. p. m. | JRY Month, Doy, Yes  | While         | IJURY OCCURRED 20 Not while of work |        | E OF INJURY (Homey, street, affice bld |                        | y or town)             | (Cau                                     | nly) (Stote)                               |
|   | resulted fram: 1   |               |                                     |        | , Suicide [                            | _ ' '                  | 1                      | , Inquir                                 |  |
| EXAMINER'S<br>NAME (Type)                           | R. C. Dod  | lson          |                                     |        |  | DICAL EXAMINER         | _                      | De                                       | c. 11.1958                                 |
| Burial  23. FUNERAL DIRECTO                         | Dec.13   | 1958          | ADDRESS                             | Hi     | 11 Ceme:                               | tery C                 | TRAR 24b. REG          | or county)  ill  istrar's sig  four 8. 4 | (State) Md. NATURE                         |

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| 188  |               | 13622 CERTIFICA  |   | Dist. No.                               |
|--|---------------|--|---|---|
| 121  |               | COUNTY   | 2. USUAL RESIDENCE (Where deceased lived. If institution; Res<br>o. STATE b. COUNTY | dence before admission)                 |
| (0)  |               | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  | c. CITY OR TOWN (If outside corporate limits, write RURAL o                         | nd give nearest town)                   |
| 65   |               | OR INSTITUTION  OR INSTITUTION  OR INSTITUTION   | d. STREET ADDRESS   | e. IS RESIDENCE ON A FARM               |
|  |               | HAME OF ECCASED Type or print)  Richard Eugen  | Milburn 4. DATE Month OF DEATH DEC.   | Day Year<br>2-0 19 J                    |
|  | 5. 5          | onule White widowed Divorced   | REDATE OF BIRTH  Per 20 178 B  9. AGE (In years lost birthdoy) Mont                 | DER I YEAR IF UNDER 24                  |
| The state of the s | 100           | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   | ISTRY 11. BIRTHPLACE (State or foreign country) 12.  MARYLAND                       | CITIZEN OF WHAT COU                     |
| rs ofter   | 13.           | John Trimble milbum  | Caflerine Hallen  | mackie                                  |
| 72 hau   | 15.<br>(Ye    | no organishawn)   (If yes, give war or dates of service)   | OHN T. MILBURN ELKTO  | N. MO. RO *                             |
| within   | Γ             | 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Prema + 100   | 4   | INTERVAL BETWEE ONSET AND DEA           |
| y even   |               | 761,5 DUE TO Premature   | rupture of membrana   | Zureel.                                 |
| nd in  |               | gove rise to immediate couse (o), stoting the <u>under-lying couse lost.</u> DUE TO  (c)   |   |   |
| oval, a  | CERTIFICATION | FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  FOR THE THE THE THE TOTAL THE T | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN                            | PART 1(a) 19. WAS AUTO PERFORMED YES NO |
| or rem   |               | 200. ACCIDENT WAS UNDERLYING   20b. DESCRÍBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | EO. (Enter nature of injury in Port I or Part II of item 18.)                       |   |
| ematian  | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fa Hour o. m. 19 While Not while of work of work   | LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, office bldg., etc.) | (County) (S                             |
| rial, cr   |               | 21. I certify that attended the deceased from Rec. 2   | n occurred at 400 pM, from the causes and a   | I last saw the dece                     |
| nr ta bu   |               | ACTUAL SIGNATURE STORY OF STOR | ADDRESS (Street, city or lown, state)   | DATE SI                                 |
| rar prid   |               | PHYSICIAN'S WALLACE OBENSHAIN  | M.D.  |   |
| e regist   | 220           | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C   |   | ,,                                      |
|  | 1 /           | DUKIAL VEC. 12,1728 HEAD OF C  | HKISTIANA NEWARK, DEL   | WARE                                    |

|                        | OF DEATH |                 |  |
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|                        |          | VALUE OF STREET |  |

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|   | TOUR   | O CERTIFICA  | AIL OI                           | DLAII                               |                                     |  | Reg. Dist.         | No.                         |                    |
|---|--|--|----------------------------------|-------------------------------------|-------------------------------------|--|--------------------|-----------------------------|--------------------|
| 1. PLACE OF DEATH o. COUNTY   | ecil   | MARYLAND   | 2. USUAL I                       | RESIDENCE (WI                       | here deceased                       | lived. If institution b. COUNTY                              | -                  | before admi                 | ssian)             |
| b. CITY OR TOWN (IF RURAL and give nea Elkto                                |  | c. LENGTH OF STAY IN 16                                | c. CITY                          |                                     | outside corpore                     | ate limits, write RL   | JRAL and giv       | e nearest tax               | m)                 |
| d. NAME OF HOSPITA OR INSTITUTION  De v                                     | L (If not in hospital, give st<br>ine Haven i                | reet oddress)  Nursing Home                            | / d. STRE                        | Church                              | St.(5                               | Sister's   | home               | ON                          | SIDENCE<br>A FARM? |
| 3. NAME OF<br>DECEASED<br>(Type or print)                                   | First  | Middle<br>te J. Plummer                                |                                  | Lost                                | 4. DATE<br>OF<br>DEATH              | Mont   |                    | Day                         | Year               |
| 5. SEX<br>Female  | 6. COLOR OR RACE 7.  | MARRIED NEVER MARRIED OWED DIVORCED                    | 8. DATE OF I                     |                                     |                                     | 9. AGE (In years<br>last birthday)                           | IF UNDER 1 \       | 13th<br>EAR IF UND          | ER 24 HRS.<br>Min. |
| 10a. USUAL OCCUPATION during most of working                                | N (Give kind af work daneing life, even if retired)          | 10b. KIND OF BUSINESS OR INDU                          | ISTRY 11. BIRT                   |                                     | ar foreign co                       |  | 12. CITIZI         | N OF WHA                    | T COUNTR           |
| 13. FATHER'S NAME   | reeping  |  | 14. MOTH                         | ER'S MAIDEN I                       | NAME                                |  |                    |                             |                    |
| Monle 1   | /anlows  |  |                                  | 707.7                               | 0 7 4                               |  |                    |                             |                    |
| 15. WAS DECEASED EVER   | IN U. S. ARMED FORCES?<br>yes, give wor or dates of service) |  | INFORMANT                        |                                     | Conli                               | n<br>Addre<br>445 Mar  |                    | st.Up                       | ner 1              |
| Canditians, if any gave rise to im cause (a), stating the lying cause last. | mediate DUE TO   |  |                                  |                                     |                                     |  |                    |                             |                    |
| 5 S   | evere genera   | ns <u>contributing to DEATH</u> BUT<br>lized arthritis | NOT RELATED                      | O TO THE TERMI                      | INAL DISEASE                        | CONDITION GIVE   | N IN PART 1        | (o) 19. WAS<br>PERFO<br>YES | DRMED?             |
|   | UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)          | DESCRIBE HOW INJURY OCCURRE                            | D. (Enter natu                   | re of injury in I                   | Part I or Part                      | II af item 1B.)  |                    |                             |                    |
| 20c. TIME OF INJURY<br>Hour a. jr.<br>p. m.                                 | w  | hile Not while fa                                      | ACE OF INJU-<br>ctary, street, a | RY (Home, farm<br>iffice bldg., etc | 20f. (City e                        | or town)   | (Cou               | nty)                        | (State)            |
| 21. I certify the alive on  | Maria  | 2.58 , and that death                                  | M.D.                             | ot 813.                             | pM, fram<br>ADDRESS (Sm.<br>33 E. 1 | 13/. 1958 the causes are city or town, s Main Streeton, Mary | nd an the<br>tote) | date stat                   | ed abav            |
| 220. BURIAL, CREMATION<br>REMOVAL (Specify)                                 |  | 22c. NAME OF CEMETERY C                                |                                  | Y                                   |                                     | ON (City, town, or   |                    | (Sto                        | le)                |
| 23. FUNERAL DIRECTOR'S  | Sanielo (  | nia leterer  | DE                               | 240. REC                            | D BY REGISTR                        | AR 24b REGIST  | RAR'S SIGN         |                             |                    |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should

etoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 yearld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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Galena

( ADDRESS

Cem.

e. IS RESIDENCE

Day

26

ON A FARM?

YES NO

Year

19 58

Reg. Dist. No.

Cecil

IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours Days Min 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Earleville Md. INTERVAL BETWEEN ONSET AND DEATH 0 min PERFORMED? YES NO L (County) (Stote) 19.3 & that I last saw the deceased M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Galena. Md. Kent Co. 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DEC 3 0 '58 Ciri my S. Frank

shaul

PHYSICIAN'S NAME (Type)

Burial (Specify)

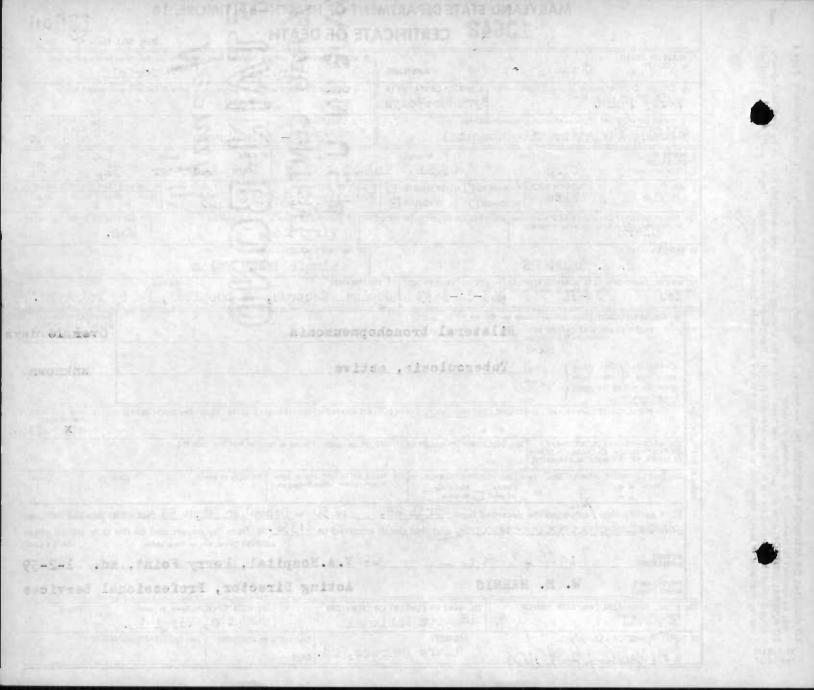
22a. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

Dec. 28, 1958

Wellet . Has basely A DESCRIPTION OF A PROPERTY OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55 00

|               |  | 1   | 361                       | CERT                               | TIFIC/        | ATE OF D                                  | EATH                       | 1                                 |                          | Re                     | g. Díst. N   |            | 1.60               |
|---------------|--|---|---------------------------|------------------------------------|---------------|---|----------------------------|-----------------------------------|--------------------------|------------------------|--------------|------------|--------------------|
| 1.            | PLACE OF DEATH<br>b. COUNTY  | cil   |                           | MA                                 | RYLAND        | 2. USUAL RESIDE                           | ence (who                  | _                                 | l lived. If in<br>b. COI | INTY                   | esidence bel | fore admis | sion)              |
|               | . CITY OR TOWN   | If outside corporate limi                         | ts, write                 | c. LENGTH OF STA                   | AY IN 1b      | c. CITY OR T                              | OWN (If or                 | utside corpo                      | rote limits, w           | rite RURAI             | ond give n   | earest tow | n)                 |
| R             | RURAL ond give n   | ewark R.D.  | 2 D                       | 1. 69                              | Trs.          | × R                                       | ural.                      | . New                             | ark F                    | 2. D.                  | . 2.         | Del.       |                    |
|               |  | TAL (If not in hospitol, g                        |                           | oddress)                           |               | d. STREET A                               | DORESS                     |                                   |                          |                        |              | ON         | SIDENCE<br>A FARM? |
| 3.            | NAME OF<br>DECEASED  | Fir   | st                        | Midd                               | lle           | Lost                                      |                            | 4. DATE                           |                          | Month                  | ε            | Day        | Yeor               |
|               | (Type or print)  | Lilli   | е                         | J                                  | •             | Scot                                      | t                          | DEATH                             | Decen                    | nber                   | 9            |            | 1958               |
| 5.            | SEX  | 6. COLOR OR RACE                                  | 7. MARE                   | HED NEVER MAR                      |               | B. DATE OF BIRTH                          |                            |                                   | 9. AGE (In )             | rears IF U             | NDER I YEA   | +          |                    |
|               | Female   | White   | WIDOW                     | ED 🔁 DIVOR                         | CED 🗍         | Apr.23,                                   | 1889                       | 9                                 | lost birth               | yrs. Mo                | onths Doys   | Hours      | Min.               |
| 100           | . USUAL OCCUPATI   | ON (Give kind of work king life, even if retired  | done 10b.                 | KIND OF BUSINESS                   | OR INDU       | STRY 11. BIRTHPL                          | ACE (State of              | or foreign co                     | ountry)                  | 1                      | 2. CITIZEN   | OF WHA     | COUNTRY            |
|               | housewi  |   |                           | 0.02                               |               | Mary                                      | land                       |                                   |                          |                        | U.           | S. A       |                    |
| 13.           | FATHER'S NAME  |   |                           |                                    |               | 14. MOTHER'S                              | MAIDEN N                   | AME                               |                          |                        |              |            |                    |
|               | John W   | esley Pri   | ce                        |                                    |               | Katha                                     | rine                       | Holl                              | and                      |                        |              |            |                    |
| 15.           | WAS DECEASED EV  | ER IN U. S. ARMED FOR                             | CES? 16.                  | SOCIAL SECURITY N                  | 10. 17. I     | NFORMANT                                  | -                          |                                   |                          | Address                |              | - 13       |                    |
| 1.0           | No   | (ir yes, give war ar adres or s                   | er vice                   |                                    | Mr            | s. Lill                                   | ie p                       | eters                             | onn.                     | R. I                   | 0.2,         | New        | ark,               |
| Z             | Conditions, if a gove rise to couse (o), stoting lying couse lost. | the under-  | )                         | CONTRIBUTING TO                    | DEATH BUT     | ANOT SELECTED TO                          | THE TERMIN                 | VAL DISSAS                        | COMPLETO                 | ALCOVEN L              |              | Tio was    | AUTORCY            |
| CERTIFICATION |  |   | DITIONS                   | LONING TO                          | DEATH BUT     | NOT RELATED TO                            | THE LEKWIN                 | NAL DISEASI                       | CONDITIO                 | N GIVEN I              | N PAKI I(O)  | PERF       | ORMED?             |
| · .           | 29a. ACCIDENT W<br>OR CONTRIBUTING<br>(IF EITHER, NOTIF)           | AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES                  | CRIBE HOW INJURY                   | OCCURRE       | D. (Enter noture of                       | Finjury in P               | ort I or Port                     | II of item 1             | 3.)                    |              |            |                    |
| MEDICAL       | 20c. TIME OF INJU<br>Hour o. m.<br>p. m.                           | RY Month, Doy, Ye                                 | 20d. I<br>While<br>of wor | NJURY OCCURRED Not while t ot work | 20e. PL<br>fo | ACE OF INJURY (I<br>clory, street, office | lome, form,<br>bldg., etc. | 20f. (City                        | or town)                 |                        | (County      | r)         | (Stote)            |
| 724           | 21. I certify to alive an actual SIGNATURE PHYSICIAN'S NAME (Type) | Hereful  Ex. 9  Ex. 106H  DN. 122b. DATE THEREO   |                           |                                    | at death      | M.D. LOS                                  | 10:301                     | P.M. fran<br>ADDRESS (SI<br>WILL) |                          | ses and<br>lown, state | an the d     | ate stat   | ed above           |
|               | REMOVAL (Specify   |   |                           |                                    | - 11 - 11 -   | Cemeter                                   | V                          |                                   |                          | ount                   |              | (Sio       |                    |
| 23            | FUNERAL DIRECTO  |   | 1000                      | ADDRESS                            | 11117         | Ochierel                                  |                            | BY REGIST                         |                          |                        | R'S SIGNAT   | - 1/       | Laira              |
| 7             | alphi  | Silia   | 60                        | Elkton                             | , Ma          | ryland                                    | DATE DE                    |                                   | 58                       |                        | 4 8. Kg      |            |                    |

|  |               | in a large spage<br>officer of a |             |  |  |
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| the state of the s |               |                                  |             |  |  |
| States S. F. J. British  |               |                                  | Sold of the |  |  |
|  | 1 A. F. C.    |                                  |             | The second secon |  |
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| Butter your anger 12 days  |               |                                  |             |  |  |

1. PLACE OF DEATH
o. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

House 13. FATHER'S NAME

00

b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, If ony, which

gave rise to immediate

cause (a), stating the under-

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying couse lost

20c. TIME OF INJURY

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

Hour o. m

CERTIFICATION

RURAL and give nearest town)

d. NAME OF HOSPITAL OR INSTITUTION

13625

First

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR

CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

(b)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

IMMEDIATE CAUSE (a)

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

20d. INJURY OCCURRED

Not while at work of work

| 625 CERTIFICA                                   | ATE OF DEATH                    |                        |                               | Reg. Dist. No   |               | 300                     |
|---|---------------------------------|------------------------|-------------------------------|-----------------|---------------|-------------------------|
| MARYLAND  | 2. USUAL RESIDENCE (Who         |                        | . If institution<br>b. COUNTY | Residence befo  | ore pdmiss    | ion)                    |
| s, write c. LENGTH OF STAY IN 16                | c. CITY OR TOWN (IF or          | tside corporate li     | nils, write RUF               | RAL and give ne | arest town    | )                       |
| ve street address)                              | d. STREET ADDRESS 3 Ma          | NOR                    | Rd.                           |                 |               | DENCE<br>FARM?<br>NO T  |
| a Clara   | SPENCER                         | 4. DATE<br>OF<br>DEATH | DEC                           |                 | > 1           | reor<br>1958            |
| 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED | B. DATE OF BIRTH                |                        | 1 1                           | Months Days     | Hours         | R 24 HRS.<br>Min.       |
| HOUSE WIFE                                      | = Va.                           |                        |                               | 12. CITIZEN O   | S.M.          | /                       |
|   | 14. MOTHER'S MAIDEN N           | ame<br>J               | EM                            | Lin.            | e             |                         |
| CES? 16. SOCIAL SECURITY NO. 17. II             | Denton l                        | Willia                 | Addres                        | ELKT            | 1010          | July 1                  |
| use per line for (o), (b), and (c).]            |                                 |                        |                               |                 | ERVAL BE      | DEATH                   |
| Hypertensive                                    |                                 |                        |                               |                 | 1             | -                       |
| eardi   | ovascular d                     | Isease                 |                               |                 | unkn          | lown                    |
| DITIONS CONTRIBUTING TO DEATH BUT               | NOT RELATED TO THE TERMIN       | NAL DISEASE CON        | IDITION GIVE                  | N IN PART I(o)  | 19. WAS PERFO | AUTOPSY<br>PRMED?<br>NO |
| 20b. DESCRIBE HOW INJURY OCCURRED               | D. (Enter noture of injury in P | ort I or Port II of    | item 1B.)                     |                 |               |                         |

ofter death. within 72 hours 0 TO FUNERAL DIE page 3 should

December

21. I certify that I attended the deceased fram August

Ralph Andrews, Jr., M.D.

Elkton, Maryland

5, 19.56, to December, 89.58, that I last saw the deceased

ADDRESS (Street, city or town, stote)

(County)

(Stote)

20f. (City or town)

and that death accurred at 3:30aM, from the causes and on the date stated above.

233 E. Main Street

| 220 | REMOVAL (Specify)  | 12/1      | 2/58 | Woud Jaw n | / Zew | 41 - 11                 | PR County                | MINE F |
|-----|--------------------|-----------|------|------------|-------|-------------------------|--------------------------|--------|
| 23. | FUNERAL DIRECTOR'S | SIGNATURE | 3 1  | ADDRESS A  | mal   | 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATI |        |

20e. PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.

Ha many legistrated in the second of the sec 

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| 3644 | CERTIFICATE | OF | DEATH |
|------|-------------|----|-------|
|      |             |    |       |

| Reg. | Die | No. |  |
|------|-----|-----|--|

|   | 10044  |   | Keg. Dist. N  | 0.  |
|---|--|---|---|---|
| 1. PLACE OF DEATH O. COUNTY   | MARYLAND   | 2. USUAL RESIDENCE (Where deceased li   | b. COUNTY Cec/                                      | fore admission)                           |
| b. CITY OR TOWN (If outside corporate RURAL and give recorst town)                              | a limits, write c. LENGTH OF STAY IN 16                          | c. CITY OR TOWN (If outside corporal  | e limits, write RURAL and give n                    | earest town)                              |
| d. NAME OF HOSPITAL (IF not in hospi<br>OR INSTITUTION ELK +                                    | itol, give street oddress)  N  Rural                             | d. STREET ADDRESS ## 3  |   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO K |
| 3. NAME OF DECEASED (Type or print)   | First Middle   | Starll 4. DATE OF DEATH   | 10.0  | 2 19 58                                   |
| 5. SEX 6. COLOR OR R.   | ACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED                   | 8. DATE OF BIRTH 9. 5ept. 4 1882  | AGE (In years lost birthday)  Months Doys  76  yrs. | R IF UNDER 24 HRS.<br>Hours Min.          |
| derting most at working life, even if re  | rork done 10b. KIND OF BUSINESS OR IND<br>Hired) Farmine Ret     | USTRY 11. BIRTHPLACE (State or foreign coun                                   | 12. CITIZEN   | OF WHAT COUNTRY?                          |
| 13. FATHER'S NAME  James  | Startt   | 14. MOTHER'S MAIDEN NAME  | Lane  |   |
| 1\$. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give war or dat            |  | Mary Star   | H ELHfor  | W   |
| PART I. DEATH WAS CAUSED IMMEDIATE CAU  | ne couse per line for (o), (b), ond (c).]  BY: SE (o)  E TO      | na of Prost   |   | TERVAL BETWEEN                            |
| Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost. | (b)E TO  |   |   |   |
| CAI   |  | T NOT RELATED TO THE TERMINAL DISEASE C                                       | ONDITION GIVEN IN PART 1(a)                         | 19. WAS AUTOPSY PERFORMED? YES NO         |
|   | 206. DESCRIBE HOW INJURY OCCURR                                  | ED. (Enter noture of injury in Port I or Port II                              | of item 18.)  |   |
| Z 20c. TIME OF INJURY Month, Day,<br>Hour a. m.<br>p. m.  | Year 20d. INJURY OCCURRED 20e. P While Not while at wark at work | LACE OF INJURY (Home, form, 20f. (City or octory, street, office bldg., etc.) | town) (County                                       | (Stote)                                   |
| 21. I certify that I attended   |  |   | , 19 <u>178</u> ,that I last s                      |   |
| ACTUAL SIGNATURE ON CHOICE  | H. Spreaky   | h occurred at 12 M, from the ADDRESS (Street M.D. SLPR)                       | the causes and an the do                            | DATE SIGNED                               |
| PHYSICIAN'S<br>NAME (Type)  |  |   |   |   |
| 220. BURIAL, CREMATION, 226. DATE THE REMOVAL (Specify) 12/9/                                   | EREOF 22c. NAME OF CEMETERY OF LLK LOW                           | OR CREMATORY 22d. LOCATIO   | N (City, town, or county)                           | (Stote)<br>Md                             |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. Walter der B.   | ose, h. Elkton   | 240. REC'D BY REGISTRA DATE DEC 1 1 '58                                       | 246. REGISTRAR'S SIGNATU<br>Chrilmy L. Ha           | JRE<br>U.A.                               |
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e. IS RESIDENCE ON A FARM?

YEERKYROWN

Year

19 58

Reg. Dist. No. 96

Day

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

3-4 days

unknown

unknown

unknown

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

Doys

USA

(County)

Harford

Months

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24b. REGISTRAR'S SIGNATURE rthur X. March

15M 10/57

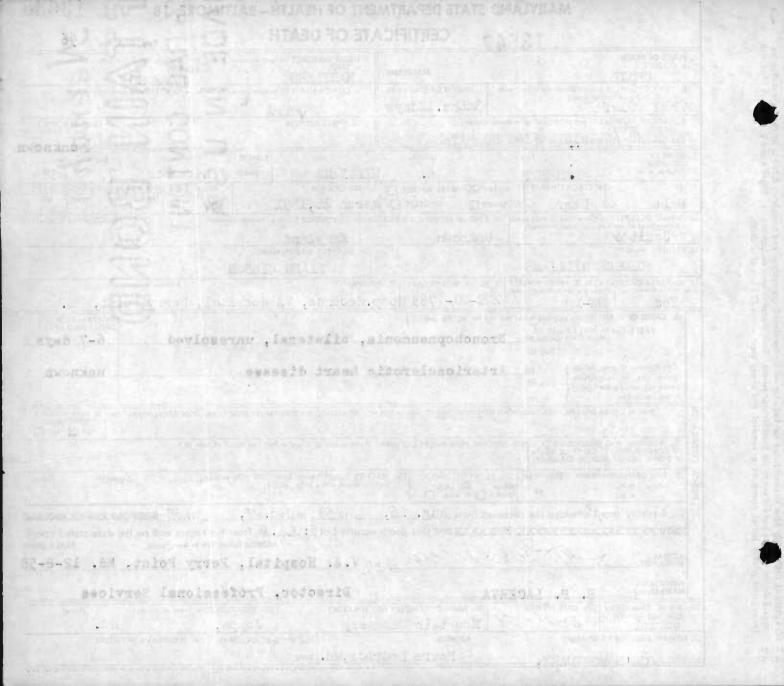
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| December 14 .53                 | NATURAL DR                            |              | S.IS.ES              |                    |
|                                 | 11-26-21                              |              | Vhite                | efall              |
| AEG                             | Haryland                              |              |                      |                    |
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| ords, Terry Point, Ma.          | . A. Hompital Res                     | 18 18 1065   | II W                 | Zos.               |
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| or 16: Sexus consumption of the |                                       |              |                      | XXXXXXXX           |
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death. Page

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### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should "forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your files.

TO FUNER. SIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stoll and of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

0

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

|                                      |  |                      |                    |  |                           | K  | eg, Dist. No | ,                                       |
|--------------------------------------|--|----------------------|--------------------|--|---------------------------|--|--------------|---|
| 1. PLACE OF DEATH                    | £ .  |                      |                    | 2. USUAL RESIDENCE                                   | (Where deceased live      |  | Residence be | fore admission)                         |
| Ceci                                 | 1  |                      | MARYLAND           | o. STATE Maryla                                      | nd                        | b. COUNTY  | 42           |   |
| b. CITY OR TOWN (If outsi            | de corporate limits, write RU  | PRAL C. LENG         | OTH OF STAY IN 16  | c. CITY OR TOWN                                      | (If autside carparote     |  |              | eorest town)                            |
| North Eas                            | t  | 20 V                 | re:                | X North E  | ast                       |  |              |   |
| d. NAME OF HOSPITAL (                | OR INSTITUTION (If no  | ot in hospitol, give | street address)    | d. STREET ADDRESS                                    | ā                         |  |              | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3. NAME OF<br>DECEASED               | First  |                      | Middle             | Last   | 4. DATE<br>OF             | Month  | Doy          | Yeor                                    |
| (Type or print)                      | Levis  |                      | O Wil              | liams  | DEATH                     | 12   | 22           | 19 58                                   |
| 5. SEX 6.                            | COLOR OR RACE 7.   | MARRIED NE           | EVER MARRIED B     | DATE OF BIRTH  | 9. AC                     | Action by the Control of the Control | nths Days    | Hours Min.                              |
| M                                    | 0  | VIDOWED [            |                    | 12-3-1904  |                           | 54 yrs.  | nins Doys    | ridors with.                            |
| 10a. USUAL OCCUPATION (              | Give kind of work dan<br>e, even if retired)   | 10b. KIND OF B       | BUSINESS OR INDUST | RY 11. BIRTHPLACE (Sec                               | ate ar fareign country    | )  | 2. CITIZEN O | F WHAT COUNTRY                          |
| Garage Own                           | er   | Garage               | Repair             | Culp   | epper, Va                 |  | U.S.A.       | •                                       |
| 13. FATHER'S NAME                    |  | 3                    |                    | 14. MOTHER'S MAIDEN                                  |                           | 1334   |              |   |
| Collin                               | s S Will   | iams                 |                    | Margar   | rette Sher                | opard  |              |   |
| 15. WAS DECEASED EVER II             | N U. S. ARMED FORCE  |                      | ECURITY NO. 17. IF | NFORMANT   |                           | Address  |              |   |
| no                                   |  | 21.5-2               | 14-0/37            | Margarette   | Williams                  | North E  | ast. Mo      | i.                                      |
| 18. CAUSE OF DEATH                   | Enter only one couse   | per line far (a), (b | ), and (c). ]      |  |                           |  |              | EVAL BETWEEN                            |
|                                      | WAS CAUSED BY:<br>MEDIATE CAUSE (6)  | Channel              | a Nanhad+4         | s with myec  | n                         | andfaa D   |              | LI AND DEATH                            |
| 590 x                                | DUE TO   | CITTOILL             | e Mebutitor        | S ATOU TOO   | SUGTENTS                  | ardrac r   | arrare       |   |
| Conditions, if ony.                  | A A SA A A   | 17-                  | ypertensio         |  |                           |  |              |   |
| gove rise to immediate               | e couse  | -                    | Aber cension       | 44   |                           |  |              |   |
| (a), stating the und                 | and the same of th |                      |                    |  |                           |  |              |   |
|                                      | (c)  | TIONS CONTRIBUT      | ING TO DEATH BUT N | NOT RELATED TO THE TEL                               | RMINAL DISEASE CON        | NDITION GIVEN I  | N PART 1(0)  | 9. WAS AUTOPSY                          |
| 6                                    |  |                      |                    |  |                           |  |              | PERFORMED?                              |
| 200. EXTERNAL CAUSE                  | WAS 20h  | DESCRIBE HOW IN      | VILLEY OCCUPRED (F | inter noture of injury in I                          | Part I or Part II of its  | m 18 1   |              | AS LI NO EL                             |
| PRIMARY OF CONTR                     | IBUTING []   | DESCRIBE HOW II      | CONT OCCURRED. (L  | mer notore of injury in t                            | TOTAL OF THE STATE OF THE |  |              |   |
| 20c. TIME OF INJURY Hour a. m. p. m. | Manth, Doy, Year   | 20d. INJURY O        | E- al-             | CE OF INJURY (Hame, fo<br>ary, street, office bldg., |                           | wn)  | (County)     | (State)                                 |
| Hour a.m.                            | 19   | While No             | OF MULTIN          | ary, arreer, orner oragi,                            |                           |  |              |   |
|                                      | I took charge o  | of the remains       | s described abo    | ve, held an Auto                                     | psy , Inspe               | ction 🖃 , I  | nquiry 🕌     | , ond in my                             |
| opinion death re                     |  |                      |                    |  | Homicide .                | Undetermi  |              | ferred .                                |
| //                                   | 1/2 8  | ) 0 00               | 1 1 1              |  |                           |  |              |   |
| ACTUAL /                             | XXX  | 1000                 | 6871               | CHIEF MEDICAL  | E EXAMINER [              |  |              | DATE SIGNED                             |
| SIGNATURE                            | 100,0  |                      |                    | M.D. ASSISTANT MET                                   | DICAL EXAMINER            |  |              |   |
| EXAMINER'S                           |  | /                    | 7                  |  | AL EXAMINER               | 12   | -23 -5       | R                                       |
| NAME (Type) R                        | C Dodson   | I 22 NAI             | ME OF CEMETERY OR  |  |                           | (City, Jawn, or co   |              | (Stole)                                 |
| REMOVAL (Specify)                    | 12-26-5  | 8 Vi                 | anum               | Cestl.   | Pull                      | relition   | 1.11         | 7                                       |
| 3. FUNERAL DIRECTOR'S                | HGNATURE_  | A AD                 | DRESS              | 240 P  | EC'D BY REGISTRAR         | 146 REGISTRA   | P'S SIGNATH  | Dr                                      |
| 11/ 1                                |  | 11                   | 7                  | , a-10: m.   | LC D DI MEDISINA          | The WEST STATE   | 103 31011110 | KE                                      |
| 1/18/11/11                           | MICHARMA   | Von Po               | refulle.           | MIL DATE   |                           | Cathan   |              |   |

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| <b>ATTENDING PHYSICIAN:</b> The law requires that the death certificate be executed within 24 haurs after death. Page by the haspital ar attending physician. | ral dire  | v helif ec  |
|---|-----------|---|
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| HYSICIAN: The law requires that the death certific ar attending physician.  | cian and  | dached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 st. the filed with |
| HYSICIAN: The law requires that the death ar attending physician.   | ng physi  | remen   |
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TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13649 CERTIFICATE OF DEATH

14426 No. 96 Reg. Dist. No.

| a. COUNTY  | Cecil   | MARYLAND                              | o. STATE Mary   |   | tion: Residence before admission) Y   |
|--|---|---------------------------------------|---|---|---|
| b. CITY OR TOWN ( RURAL ond give n Peri  | (If autside corporate limits, we rearest town)  Point               | c. LENGTH OF STAY IN 16               |   | inore                                       | RURAL and give nearest town)  |
| OR INSTITUTION   | TAL (If not in hospitol, give s  Administrat:                       |                                       | d. STREET ADDRESS   | Byrd  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO   |
| 3. NAME OF<br>DECEASED<br>(Type or print)  | First WILL  | IAM J.                                | WILLIAMS  | OF _  | ember 31 19 58  |
| 5. SEX Male  | White wit   | MARRIED NEVER MARRIED DOWED DIVORCED  | B. DATE OF BIRTH 4-21-96  | 9. AGE (In years last birthdoy) 62 yrs      | Months Days Hours Min.  |
| 10a. USUAL OCCUPATION during most of wor Labore                                    | king life, even if refired)   | 10b. KIND OF BUSINESS OR IND  unknown | USTRY 11. BIRTHPLACE (State Maryla)                               |   | 12. CITIZEN OF WHAT COUNTRY?  |
|  | orge William  |                                       | 14. MOTHER'S MAIDEN N   |   |   |
| 15. WAS DECEASED EVE<br>(Yes, no. or unknown)                                      | ER IN U. S. ARMED FORCES? (If yes, give wor or dales of service)    |                                       | INFORMANT<br>Iospital Reco:                                       |   | rry Point, Md.  |
|  | ATH [Enter only one couse of ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Rupture of myo infarction             | cardium secon   | ndary to                                    | INTERVAL BETWEEN ONSET AND DEATH Approx.  10 minute                                     |
| Canditians, if a gave rise to i cause (a), stoting lying cause last.  PART II. OTI | mmediate (b) the under-   | ONS <u>CONTRIBUTING</u> TO DEATH BU   | IT NOT RELATED TO THE TERMI                                       | NAL DISEASE CONDITION G                     | IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  |
| OR CONTRIBUTING  | AS UNDERLYING   20b.  | DESCRIBE HOW INJURY OCCURR            | ED. (Enter nature of injury in I                                  | Part i or Part II of item 18.)              | YES NO  |
| 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.  | . V   |                                       | PLACE OF INJURY (Home, form<br>actory, street, office bldg., etc. |   | (County) (State)  |
|  | w. M. HAR   | and that deal                         | M.D. V.A.Hospi  | ADDRESS (Street, city or town tal, Perry Po | and an the date stated above.  state)  DATE SIGNED  DINT, Md. 1-2-59  Essional Services |
| REMOVAL Specify)   | 1/6/3 9   | 22c. NAME OF CEMETERY Baltimore       |   | 22d. LOCATION (City, town, Baltimore        | or county) (Stote)  |
| 23. FUNERAL DIRECTOR   | s signature son   | Havre de Grace                        | e, Md. 240. REC'I   | M. C. Ima                                   | SISTRAR'S SIGNATURE   |

| NO NO. 1   |                   | distriction of | SELECTION OF    | -11        |        |
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INSTRUCTIONS

TO ATTENDING

VS A15C 1-55 10M=

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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|---|----|---|----|----|
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| 13650 CEI  | KIIFICAIE  | OF DEA                                    | Reg. Dist.  | No                               |
|--|--|---|---|----------------------------------|
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE                        | E (HOME) OF DECEASED  |                                  |
| COUNTY Cecil   | MARYLAND   | STATE Maryl                               | and county Ceci   | 1                                |
| CITY (If outside corporete limits, write RURAL   | LENGTH OF STAY   | CITY (If outside corpore                  | te limits, write RURAL and give neers   | est town)                        |
| OR end give neerest town) TOWN RISING Sun  | fin this plece)  | OR TOWN RISI                              | ng Sun  |                                  |
| HOSPITAL OR  |  | STREET                                    | (Il rural give location)  |                                  |
| INSTITUTION OR<br>STREET ADDRESS   |  | ADDRESS                                   |   |                                  |
| 3. NAME OF (First) DECEASED  | (Middle)   | (Lest)                                    | 4. DATE (Month)   | (Day) (Yaar)                     |
| (Type or Print) Howard   | warshall   | Wilson                                    | DEATH DEC.  | 4 ,58                            |
| S. SEX 6. COLOR OR 7. SINGLE, MA   | ARRIED, 8. DATE O  | F BIRTH 9                                 | AGE lest birthdey   IF UNDER  |                                  |
|  | Vidowed Feb.   |   | 79 yrs. Months  | Days Hours Min.                  |
| done during most of working life, avan II  | or industry Retired  | 11. BIRTHPLACE (State or foreign Cecil CO |   | COUNTRY?                         |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MAIDEN N                     | AME   |                                  |
| Charles Wil:   |  |   | eth Fisher  |                                  |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, np., or unk.) (If Yas, give war or dates of service)  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT & AD                        |   |                                  |
| (Yas, no, or unk.) (If Yas, give war or dates of service)  | 219-01-0395  | William                                   | McNamee, Ris  | ing Sun, Ma                      |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA  4 4 3 × IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (C) | Chrinic Myor<br>Hypertensic  |   | 8,  | ONSET AND DEATH                  |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |  |   |   | Maria III                        |
| 190. DATE OF OPERATION 196. MAJOR FINDIN   | GS OF OPERATION  |   |   | 20. AUTOPSY?                     |
| 210. ACCIDENT WAS UNDERLYING TO 1 21b. PLACE IT  | 1  | AL MAISTS DID BUILDING CONTRA             |   | YES NO                           |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET (IF EITHER, NOTIFY MEDICAL EXAMINER)   | et, offica bldg., atc.)  | TIC. WHERE DID INJURY OCCUR               | (City or town) (Count   | y) (State)                       |
|  | While Not while  | 211. HOW DID INJURY OCCUR                 |   |                                  |
|  | at work et work  |   |   |                                  |
| 22 I haraby cartifu that I attended the de   |  | 10 56 to Dec                              | 1: 7:058  |                                  |
| 22. I hereby certify that I attended the de alive on 1958  | ceased from Kay 1  |   | uses and on the date stated<br>ESS (Street, city, town, steta)  |                                  |
| alive on 19 19 58 19 19 19 19 19 19 19 19 19 19 19 19 19   | and that death occurred at.  |   | uses and on the date stated   | above.                           |
| alive on 19  | and that death occurred at.  M.D.  NAME OF CEMETERY OR               |   | uses and on the date stated<br>ESS (Street, city, town, steta)  | DATE SIGNED                      |
| alive on 19 19 58 19 19 19 19 19 19 19 19 19 19 19 19 19   | and that death occurred at.  M.D.  NAME OF CEMETERY OR  58           | CREMATORY                                 | uses and on the date stated ESS (Street, city, town, steta)  Sing Sun Md LOCATION (City, town, or county) Rising Sun              | DATE SIGNED  12-5-8 (Siele)  Md. |
| alive on 19 19 58 19 19 19 19 19 19 19 19 19 19 19 19 19   | and that death occurred at M.D.  NAME OF CEMETERY OR  Brookview  URE |   | uses and on the date stated ESS (Street, city, town, steta)  Sing Sun Md  OCATION (City, town, or county)  Rising Sun  GNATURE  A | DATE SIGNED  12-5-8 (Siete)      |

## SET O CERTIFICATE OF DEATH

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Chronic roominie 2 712. Hypertension

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12-2 In 58 In and a sweet of the contract of t

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|   |  | 362  | CERTIFI                           | CAT              | E OF D  | PEATH   |                        |  | Reg. D                                | ist. No.         |              |                           |
|---|--|--|-----------------------------------|------------------|---|---|------------------------|--|---------------------------------------|------------------|--------------|---------------------------|
| 1. PLACE OF DEATH o. COUNTY   | Ceci1  |  | MARYLAI                           | 11               | ETATE   | Mary1   |                        | d lived. If institu<br>b. COUNT  |                                       | cec befo         |              | ion)                      |
| b. CITY OR TOWN (IF<br>RURAL and give ned   |  |  | c. LENGTH OF STAY IN 8 days       | 1ь >             |   |   |                        | (Rural)  | RURAL and                             | give nec         | irest tow    | ٦)                        |
| d. NAME OF HOSPITA<br>OR INSTITUTION  | L (If not in hospital, g<br>Union 1  |  |                                   |                  | d. STREET A   | DDRESS  |                        |  |                                       |                  |              | FARM?                     |
| 3. NAME OF<br>DECEASED<br>(Type or print)   | Fir<br>Thoma   |  | Middle<br>S                       | h                | lood  | Sr.   | 4. DATE<br>OF<br>DEATH | Decembe  | onth<br>L                             | Do<br>16         | у            | Yeor<br>19 58             |
| 5. SEX<br>Male  | 6. COLOR OR RACE White   | WIDOWE   |                                   |                  |   | 26,190  |                        | 9. AGE (In year<br>lost birthdoy)<br>58 yr   | Months                                | R I YEAR<br>Days | Hours        | Min,                      |
| during most of worki<br>Bricklay  | ng life, even if retired   |  | KIND OF BUSINESS OR I             |                  | Mary  | y1and   |                        | ountry)  | 12. C                                 |                  | SA           | COUNTRY?                  |
|   | iam S. Woo   |  |                                   |                  |   | ie Cro  |                        |  |                                       |                  |              |                           |
| 15. WAS DECEASED EVER   | IN U. S. ARMED FOR<br>f yes, give wor or dates of s  | ervicel  | SOCIAL SECURITY NO.<br>12-16-5632 | 17. INFO         | rmant<br>lrs.Jan                                      | e Futi  | ty Woo                 |  | rth E                                 | ast              | R.D          | . Md                      |
| PART 1. DEAT  7 5 7  Conditions, if on gove rise to im couse (o), stating t lying couse lost.  PART II. OTH  20a, ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)  20c, TIME OF INJURY Hour o. m. p. m.  21. I certify the alive on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) | H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which the under  (c)  ER SIGNIFICANT CON  ON P   Dittions of 20th Description of 20th Descripti | od fram. 12/<br>Jischer  FISCHER  | e. PLACE foctors | OF INJURY 11, street, office  , 19 5 8  courred at  E | THE TERMIN<br>TOVI<br>f injury in P<br>Home, farm,<br>bldg., etc. | 20f. (City) M, from    | E CONDITION G  It II of item 18.)  or town)  6 , 19.3  In the causes treet, city or town  A IN | siven in PA  state  and on  n, stole) | (County)         | PERFO<br>YES | AUTOPSY ORMED? NO (State) |
| 220. BURIAL, CREMATION<br>REMOVAL (Specify)<br>BUTIA1<br>23. FUMERAL DIRECTOR'S   | 12/20/59   |  | Harts Meth                        | odis             | t Ceme  | 24a. REC'E  |                        |  |                                       | 1)               |              |                           |

North East, Maryland

DATEC 2 2 '58

VS A15 (4) 15M 9/55

the registrar prior page 3 shauld

# MARYLAND STATE DEPARTMENT OF HEALTH -BALTIMORE, 18

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| The same of Changes |                           |  |

b. CITY OR TOWN and give nearest EIL d. NAME OF HOS

NAME OF DECEASED (Type or print)

10a. USUAL OCCUPA during most of wo Hot

13. FATHER'S NAME Danie! 15. WAS DECEASED TOO.

ACTUAL SIGNATURE

Removal

5. SEX

necessory, please of director. Page of for your files.

|       | MA                | ARYLAND STATE DEPARTME | NT OF HEALTH-BALTIMORE,                             | 18     |
|-------|-------------------|------------------------|---|--------|
| ATE   | 13627             | MEDICAL EXAMINER'S     | CERTIFICATE OF DEATH                                | R      |
| DEPT. | 1. PLACE OF DEATH |                        | 2. USUAL RESIDENCE (Where deceased lived. If instit | ution: |

| 1  | 3627 N  | MEDICA            | IL EXAMII                  | NEK'S     | CERTIFICA  | IE OF                  | DEATH                                    | Reg. I            | Dist. No        | 36                   | 411                 |
|--|---|-------------------|----------------------------|-----------|--|------------------------|--|-------------------|-----------------|----------------------|---------------------|
| LACE OF DEATH  | Cecil   |                   | MA                         | RYLAND    | 2. USUAL RESIDENCE<br>o. STATE<br>Maryland             | (Where deceo           | b. COUNT                                 | Y                 | dence be        | ore odm              | ission)             |
| and give nearest tow   | If outside corporate limits,  | write RURAL       | c. LENGTH OF STA           | AY IN 1b  | c. CITY OR TOWN  |                        |  | CECII<br>RURAL of | nd give n       | earest to            | wn)                 |
| NAME OF HOSPI  |   |                   | spitol, give street odd    | lress)    | d. STREET ADDRESS                                      | n, R.D.                |  |                   |                 |                      | ESIDENCE<br>A FARM? |
| IAME OF<br>PECEASED<br>Type or print)                          | Mabel   | First             | Middle                     | Yo        | lost<br>rk   | 4. DATE<br>OF<br>DEATH | Mont                                     |                   | Doy 23          |                      | reor 9 58           |
| EX E   | 6. COLOR OR RAC   | VIDOWE            | ED NEVER MARR              |           | DATE OF BIRTH  |                        | 9. AGE (In years fast birthday) 52: yrs. | IF UNDE<br>Months | R 1YEAR<br>Doys | IF UND               | ER 24 HRS.<br>Min.  |
| uring most of worki  | ON (Give kind of wang life, even if retire                          | rk done 10b.      | KIND OF BUSINESS C         |           | Test Vi  |                        | -  |                   | TIZEN O         |                      | COUNTRY             |
| Daniel   | Wyatt   |                   |                            |           | 14. MOTHER'S MAIDEN                                    | NAME                   |  |                   |                 |                      |                     |
| was DECEASED EV  | /ER IN U. S. ARMED<br>(II yes, give war ar date:                    |                   | SOCIAL SECURITY N          |           | eorge York,  |                        | Address                                  |                   |                 |                      |                     |
|  | ATH [Enter only one<br>TH WAS CAUSED BY<br>IMMEDIATE CAUSE<br>DUE 1 | (o)               | for (o), (b), and (c).]    |           |  |                        |  |                   |                 | VAL BETW<br>T AND DE |                     |
| Conditions, if a gove rise to immedia, stating the cause last. | any, which  | (b)               | Nephritis                  |           |  |                        |  |                   |                 |                      |                     |
| PART II, OT  | HER SIGNIFICANT CO  | ONDITIONS CO      | ONTRIBUTING TO DE          | ATH BUT N | OT RELATED TO THE TER                                  | MINAL DISEAS           | E CONDITION GI                           | VEN IN PA         |                 |                      | AUTOPSY<br>ORMED?   |
| 200. EXTERNAL CAPRIMARY OF CO                                  | INTRIBUTING [   | 20b. DESCRIB      | E HOW INJURY OCC           | URRED. (E | nter noture of injury in Po                            | ort I or Part II       | of item 18.)                             |                   |                 |                      |                     |
| 20c. TIME OF INJU  | IRY Month, Doy.   | Yeor 20d.<br>Whil | INJURY OCCURRED  Not while |           | E OF INJURY (Home, for<br>ry, street, office bldg., et |                        | or town)                                 | (Co               | ounty)          |                      | (Stote)             |

writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B., priar to burial, crematian, ar removal, and in any event-within 72 hours after death. DEPUTY MEDICAL EXAMINER: CTOR: its designated 4 shauld be TO FUNERAL VS. A15ME 5M 2/57

**EXAMINER'S** 

CERTIFICATION

220. BURIAL, CREMATION, REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

apinian death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

DATE SIGNED

Inquiry -

22d. LOCATION (City, town, or county)

CLAY CO. W. Va.

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

anthur S. Kraus

Inspection.

Daniel Cemeyery

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